

Accredited by the
American Psychological
Association

2023-2024

PSYCHOLOGY INTERNSHIP PROGRAM



**VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VAMC**

Psychology Service 116B (W)
10701 East Boulevard
Cleveland, Ohio 44106



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COVID-19 Procedures

We of course cannot predict the course of the pandemic and procedures we will need for the 2023-2024 class. We certainly hope that the worst will be behind us and we will have returned to a better sense of normalcy. Until that time we want to ensure you that we have implemented appropriate health and safety procedures and precautions that help protect our trainees. At declaration of pandemic the hospital activated incident command emergency management procedures that include pandemic response procedures. We quickly worked to reduce risk of exposure by screening all employees and hospital visitors for symptoms, reducing foot traffic, limiting contact with our most vulnerable populations, segregating inpatient from outpatient, prohibiting providers from working serially across areas, and prohibited psychology trainees from working in-room with COVID-19 positive patients. We leveraged the existing telehealth infrastructure and were quickly able to convert most outpatient visits to telehealth. We rapidly increased technology availability for working with inpatients by providing patients with iPads and didn't allow trainees to work directly with patients who were infected. We placed many employees on part-time telework from home and made adaptations to supervision and rotations.

At the time of this writing all people entering the hospital must conduct a daily self- screening process for fever and other COVID-19 related symptoms. Anyone with symptoms must report immediately for secondary screening or testing. For employees (including trainees), Personnel Health then directs testing and quarantine requirements. All persons are required to wear a mask while in the public areas of the hospital and while in close proximity to others.

The hospital reopening process has allowed some specialty clinics to schedule their patients in-person again however many outpatient mental health appointments remain primarily by telephone and video. We expect many outpatient mental health appointments to continue primarily by telehealth for the duration of the pandemic. Inpatient appointments are currently being conducted both in person and by telehealth. In-person appointments are allowed with both provider and patient wearing masks and with appropriate space. We have all office space reviewed for appropriate use by consulting with infectious disease and environment of care. We have mapped out workspace for the trainees that will maintain appropriate social distancing and are planning for onsite management of clinical telehealth supervision and general in-person professional supervision.

We understand that this is an emotionally trying time and know that professional training presents some unique challenges. We expect that in the coming year we will continue to adjust programming as needed to address issues created by the pandemic. We want to ensure you that we focus on the health and safety of our trainees as well as continuing to provide effective professional training. We are striving to engineer experiences that will serve our trainees and the profession well into the future.

CLEVELAND LIVING

Cleveland and northeast Ohio are rich with cultural, educational, culinary, and recreational opportunities. VA Northeast Ohio Healthcare System is located in [University Circle](#), at edge of the [Rockefeller Cultural Gardens](#), along with such esteemed neighbors as Cleveland's renowned and newly expanded [Museum of Art](#), [Cleveland Botanical Gardens](#), [Museum of Natural History](#), [Western Reserve Historical Society](#), Case Western Reserve University, Cleveland Institute of Art, and Cleveland Institute of Music. Kent State University, Cleveland State University and the University of Akron are major educational institutions within easy driving distance.

Severance Hall at University Circle is the winter home of the [Cleveland Orchestra](#), one of the world's finest. In the summer the orchestra plays at Blossom Music Center, also a major outdoor venue for rock concerts. Cleveland's music scene stretches across a multitude of genres and venues including the [Rock and Roll Hall of Fame](#), [Cain Park Arts Center](#), [Beachland Ballroom](#), [House of Blues](#) and many other intimate nightclubs featuring big name acts. The [Scene Magazine](#) keeps the pulse of the local entertainment scene, reporting on venues and styles to suite many different tastes. [Playhouse Square](#) is the largest performing arts center outside of New York, and hosts dozens of productions yearly including Broadway greats and nationally touring celebrities.

Sports fans have their choice of excitement with the Cleveland [Browns](#), [Guardians](#), and [Cavaliers](#), as well as numerous opportunities for other affordable second tier professional sports. Outdoor recreation opportunities abound including beaches and boating on Lake Erie, hiking, running, and biking in the [Cleveland Metropark's](#) "Emerald Necklace", [Cuyahoga Valley National Park](#), and numerous nearby state parks and recreational sites. There is a Nordic skiing center in the just east of Cleveland in the Metropark, four alpine ski areas within an hour's drive, and more alpine and Nordic skiing within three hours. Canoeing and kayaking are popular launching from several liveries around Cleveland.

History, diversity, and culinary delights are found in Cleveland neighborhoods such as Slavic Village, Detroit Shoreway, Warehouse District, Little Italy, Collinwood, Ohio City, Shaker Square, Stockyards, and Tremont. The diversity of ethnic groups established in the Cleveland area adds to the community's charm as well as to its culinary pleasures. These neighborhoods and the nearby suburban areas offer a wide range of accommodations, including apartments, condominiums, and single-family dwellings.



View of Cleveland Botanical Garden and Case Western Reserve at University Circle



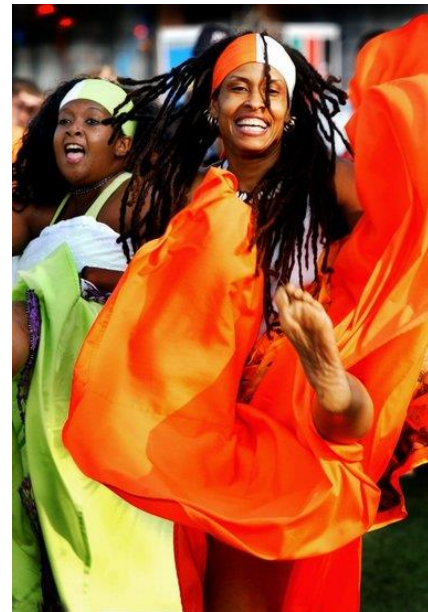
View of Downtown Cleveland by Kristin Cassidy (with permission)

Many trainees have been pleasantly surprised by lower housing costs and living expenses than are found in many metropolitan areas and have remained in the community to begin their professional careers.

NORTHEAST OHIO DIVERSITY

[Live Cleveland](#) stated it well: “The City of Cleveland is an exceptional Midwestern community . . . made up of many vibrant neighborhoods, each offering fantastic amenities and various lifestyle opportunities. Diversity is evident throughout, as Cleveland is home to more than 75 different nationalities and ethnic communities . . . Our wonderful neighborhoods are filled with engaging residents, a thriving business community with an energetic workforce, and an amazing collection of arts, culture, entertainment and recreational opportunities.”

Northeast Ohio suburbs lead state in ethnic diversity, census numbers show. By Dave Davis, *Cleveland Plain Dealer*, October 27, 2011. “Northeast Ohio is hands-down the most ethnically diverse area in the state . . . Six of Ohio's seven most ethnically diverse cities were Cleveland-area suburbs - Solon, Brunswick, Parma, North Olmsted, Avon and Wadsworth. . . . The current challenge is to be American,” said Kenneth Kovach, executive director of the International Community Council, an umbrella organization for the 117 ethnic groups that call northeast Ohio home. . . . Kovach added that the ethnic fabric remains strong . . . [through] cultural organizations [that] continue to teach the language and traditions of their homeland.” [PD Article](#)



Dance Afrika performs the Samba at the Children's Games. With permission from Lynn Ischay, Plain Dealer

The Louis Stokes Cleveland VA Medical Center is an HEI 2017 Leader in LGBT Healthcare Equality. Chaplain Service supports religious diversity with staff spiritual consultation in major religions and through community partnerships for religions not represented among staff. They have won a Best Practices Award in spiritual assessment.

The Cleveland-Akron-Elyria Metro area is the 18th largest urban area in the U.S. based on 2010 census data with 20.1% African-American, 4.7% Hispanic, 2.0% Asian, .2% American Indian/Native Alaskan, and 2.0% multiracial. Our psychology staff consists of 11% ethnic diversity, with approximately 18% of interns who embrace a diverse ethnic identity. The Cleveland Cultural Gardens commemorate ethnic groups whose immigrants have contributed to national and local heritage. Festivals celebrating Cleveland diversity and inclusion include the Cleveland One World Festival (September), and Annual Latino Heritage Festival (Fall), and Freedom Festival.



Psychology Service sponsors a Diversity Committee (see page 5 for more information) whose aim is to develop, recruit, and promote diversity in Psychology Service and the training programs. We encourage people with disabilities and from other diverse backgrounds to apply. We provide reasonable accommodations as needed to people with disabilities. Our site is wheelchair accessible and ASL interpreters are available as needed. Our trainees and staff reflect a wide range of socioeconomic, cultural, and religious affiliations, including people with disabilities.

VA NORTHEAST OHIO HEALTHCARE SYSTEM

The **VA Northeast Ohio Healthcare System** focuses on treating the whole Veteran through health promotion and disease prevention, and provides comprehensive, seamless health care and social services for more than 112,000 Veterans across Northeast Ohio. With 18 locations of care, including 13 outpatient clinics, two community resource and referral centers, a psychosocial rehabilitation and recovery center, a chronic dialysis center and an ambulatory surgery center, the VA Northeast Ohio Healthcare System's quality services are easily accessible to Veterans in 24 counties. The VA Northeast Ohio Healthcare System also contributes to the future of medicine through education, training, and research programs. The number of unique patients and complexity of care provided makes the VA Northeast Ohio Healthcare System the 3rd largest in the VA.



The Cleveland VA Medical Center is heavily invested in training health care professionals in basic and applied research and supports several Centers of Excellence in healthcare. Residents and medical students from Case Western Reserve University School of Medicine train at the Medical Center in all major specialties. The Cleveland VA Medical Center maintains many university affiliations for professional training in other health care disciplines including psychology, social work, nursing, dentistry, audiology and speech pathology, optometry, pharmacology, physical and occupational therapy, and nutrition. Over 1,000 health care profession students per year train at the Medical Center.

The VA is the largest provider of health care training in the United States, including the nation's most extensive professional psychology training program. VA medical facilities are teaching hospitals affiliated with 107 of the nation's 126 medical schools. Training programs address critical training needs for skilled health care professionals who serve the entire nation. In recent years, support for education increased greatly and new internship and residency training program positions have been created. These additional positions have encouraged innovation in education to improve patient care, promote interdisciplinary training, and incorporate state-of-the-art models of clinical care. These include emphasis on evidence-base practices, quality improvement, patient safety programs, and an unparalleled electronic medical record system.

EXCELLENCE IN HEALTHCARE

During Public Service Recognition week our Healthcare System Director and Chief of Staff noted that the Northeast Ohio Healthcare System provided "excellent care to more than 112,589 VA Northeast Ohio Veterans . . . you place the mission first, caring for our nation's heroes. As a result of great, compassionate teamwork, the VA Northeast Ohio Healthcare System:

- Has more Centers of Excellence in Care, Research and Education than any other VA;
- Cares for more than 7,928 Veterans each day;
- Maintains a 5 Star Quality Rating;
- Leads VHA in virtual/telehealth;
- Maintains the largest HBPC and MHICM programs;
- Is 1st VHA to receive Center of Excellence for ALS

Our research program is among the largest in the Department of Veterans Affairs, with clinical and basic researchers known nationally and internationally for their contributions to science. The total research budget from all sources is ten million dollars.

FACILITIES AND PROGRAMS

The Cleveland VA Medical Center facility is the main hospital located five miles east of downtown Cleveland within University Circle, a major healthcare, educational, and cultural area of the city. Services include inpatient and partial hospitalization units treating serious mental illness and dual diagnosis conditions, a psychiatric emergency room, the Veterans Addiction Recovery Center - a comprehensive inpatient and outpatient substance abuse program including a national Gambling Addiction Program, our PTSD Clinical Team residential unit, acute and intermediate medicine, surgery, spinal cord injury, geriatrics, neurology, and physical medicine and rehabilitation. Outpatient services focus on mental health and on primary medical care with psychologists as full participants on these teams. Special clinical programs and services include a Pain Management Center, the Day Hospital partial hospitalization program, cardiothoracic surgery, a Women's Health Clinic, radiology service, and an innovative ambulatory surgery short stay unit. The Campus also includes the Community Living Center (our nursing home) and Domiciliary, both housed in newly constructed buildings. There are also two community-based Vet Centers which provide readjustment counseling for Vietnam, Korea, Desert Storm, and OEF/OIF veterans.

The Parma VA Clinic is located southwest of Cleveland in an adjacent suburb. Psychologists are involved in the care of veterans in outpatient primary care, mental health, substance abuse, and neuropsychological services. The community-based satellite outpatient clinics (CBOCs) including Akron, Canton, and Youngstown provide a range of outpatient medical, dental, mental health, and rehabilitation services to patients in those geographical areas. All locations are connected by high-capacity broadband networking capable of providing real time conferencing and Clinical Video Telehealth (CVT) connections. Clinical Video Telehealth, Telemental Health, and Home Telehealth operations are implemented across the system. Telehealth educational and evidence-based intervention practices are being implemented via CVT to better serve our rural and home-bound veterans, and to continue to provide services during unanticipated extreme weather events.



PSYCHOLOGY SERVICE

The Cleveland VA Medical Center is organized around both service delivery and professional identity, with mental health programs in Outpatient Psychiatry, the Veterans Addiction Recovery Center, PTSD Clinical Team, Recovery Resource Center, Neuropsychology, General Medicine, Geriatrics, Cardiology, Pain Management, Spinal Cord Injury, Infectious Disease clinics, and Rehabilitation services. Over 70 psychologists in our service provide comprehensive services to patients and their families in these areas and other specialty clinics throughout the Medical Center. They serve as members of interdisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in research and training. The variety of program involvement creates a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact. Psychology Service is the direct administrative umbrella for most psychologists in the main medical centers. The Chief of Psychology Service is ultimately responsible for discipline-specific professional activity including hiring, credentialing and privileging, program assignments, performance and peer reviews, and training programs. The two Directors of Psychology Training manages the day-to-day operation of the Psychology Internship Program and Psychology Postdoctoral Residency Training Programs.



PSYCHOLOGY SERVICE DIVERSITY COMMITTEE

The Psychology Service Diversity Committee was established in 2014 with the goals of enhancing diversity in recruitment and selection of staff and trainees, training programs' curricula, awareness in service delivery and supervision, continuing education efforts, and any other areas deemed appropriate by the Committee. This has been accomplished through the following initiatives: monthly Diversity Grand Rounds, Trainee Multicultural Competence Feedback Survey, Diversity Today Newsletter, the Diversity Book Club, the Psychology Service Diversity Cookbook, and various social and community events (in person pre-Covid and virtually post-Covid) including the Multicultural Potluck and Diversity Walk/Run for the Diversity Center of Northeast Ohio. At this time, the committee has eleven members. Trainees can apply to be members and are warmly welcomed.

PSYCHOLOGY INTERNSHIP PROGRAM

VA Northeast Ohio Healthcare System Psychology Service provides internship training in Health Service Psychology and is fully accredited by the American Psychological Association. Qualified candidates who are enrolled in APA accredited doctoral programs in clinical or counseling psychology are eligible to apply at the doctoral level. Our internship provides a wide range of training opportunities because of the complexity of the Medical Center.

A student handbook and detailed program operating procedures are provided on matriculation and available upon request.

MISSION

The mission of the VA Northeast Ohio Healthcare System Psychology Training Programs is to provide the highest quality general, focus area, and specialty training to diverse cohorts of doctoral and postdoctoral psychology trainees to prepare them for independent professional practice.

VISION

Our programs will be recognized for their scope, depth, and quality by: (1) achieving and maintaining APA Accredited status, (2) embodying and modeling leadership through the introduction and implementation of innovative and empirically validated treatments, and (3) acknowledgment by national, regional, and local administrative entities both within and outside the VA.

VALUES

Providing supervised clinical experiential training, the delivery of which serves the holistic needs of the diverse Veteran population, by (a) evaluating presenting issues with the most valid techniques, (b) preventing and ameliorating health care problems, (c) empowering Veterans with coping skills for behavior change, (d) providing person-centered care, and (e) fostering recovery. Developing, enhancing, and maximizing trainee competencies including diversity competence, appropriate to their program of study and level of training. Recruiting and selecting the highest quality trainees, emphasizing appointment of maximally diverse cohorts as a core value to provide multiple perspectives. Imparting knowledge to trainees in (a) the application of psychological science to practice, (b) professional comportment and decorum, and (c) ethically responsible judgment in decision-making. Maintaining and enhancing the competencies of supervisors through support of their continuing professional development.

GOALS

The overall goal of the Psychology Internship Program is to produce competent entry level professionals able to apply their knowledge of psychological science in a clinical context. Professional development is accomplished by facilitating the acquisition of foundational competencies, skills, attitudes, and behaviors consistent with the evidence base in psychological science. Specific objectives are organized

under the professional competency domains of the science of psychology, ethics, diversity, professionalism, interpersonal skills, assessment, intervention, supervision, and consultation.

The Psychology Internship Program is designed to provide a sound basis for career development whether that will be as a generalist practitioner in clinical or counseling psychology or through subsequent postdoctoral training and specialization. By the end of the internship, it is expected that the intern will be able to function at the beginning professional level in the psychologist's profession-wide foundational competencies, as well as demonstrate awareness of the strengths and limitations of the discipline's knowledge and techniques.

Training Model

The Psychology Internship Program follows a practitioner-scholar model focused on the acquisition and extension of clinical skills, development of the intern's professional role, identity, and demeanor, and socialization into the health service delivery environment. This is actualized by the intern's participation in experiential learning in the clinic along with case presentations. The 'scholar' aspect of the model is the foundation of psychological science needed for successful practice. Interns gain experience in the critical evaluation of clinical and research literature, and participate in a monthly journal club presenting, discussing, and critically evaluating psychology literature. Scholarly research background is incorporated into case presentations when appropriate. Opportunities for clinical research are available including the possibility of developing outcome-based innovations in care and program development.

Training Assignments

We believe that all psychologists should develop foundational skills acquired through generalist training. Our clinical staff also has expertise in the specialty areas of Clinical Psychology, Geropsychology, Clinical Health Psychology, Clinical Neuropsychology, and Rehabilitation Psychology, and we organize the training assignments under those specialty areas. Interns are encouraged to gain experiences in settings and specialties in which they have not previously worked. All rotations provide training in foundational skills in assessment, individual, group, and staff consultation, however the emphasis varies with specific assignment. Focused assessment, crisis intervention, brief therapeutic approaches, and consultation are more characteristic of the acute treatment settings, while therapeutic programming, psychosocial rehabilitation, behavioral and social learning approaches, reeducation and staff development are more characteristic of the extended care settings.

We have many staff with training in evidence-based techniques that they incorporate into the intern's experience. An intern's individual internship program is formulated with consideration of information from the student and his or her university DCT. Experiences are designed to meet the intern's training needs, assure a breadth of experience, and encourage developing professional interests. The DoT and supervisors are available to discuss rotations and options in which the intern is interested. An overall individual program will consist of three assignments lasting four months each, with the option of supplemental experiences. Interns may be permitted to pursue an enrichment option during the year, once the intern has sufficiently familiarized him or herself with the range of training opportunities and demonstrated the basic required competencies.

STIPEND AND BENEFITS

The intern yearly stipend for 2023-2024 is \$27,402. Interns are eligible for health and other benefits. Interns accrue 4 hours each of annual (personal) and sick leave for each two-week pay period and are not on duty for paid Federal holidays. Health insurance benefits are available for families and domestic

partners with trainees paying the employee portion. We follow federal Family Friendly Medical Leave guidance for accommodating the need for extended medical leave.

CURRICULUM COMPONENTS

Internship programming contains a variety of experiences designed to support learning and guide the intern through a progressively responsible and complexity of professional activities.

EXPERIENCES

Cases

At the outset of the internship year interns must demonstrate beginning competence in diagnostic assessment, interpretation of psychological tests, and report writing. The intern interviews a veteran, completes psychological testing, and writes an integrated clinical report. The interview and report must be rated as adequate by the supervisor to complete the requirement. Additional cases with supervision may be required until an acceptable assessment is completed.

Interns make a formal case presentation near the end of each of rotation presenting a case study from their clinical experience on rotation. The case studies include a psychosocial history, psychological testing, diagnosis, applicable research, and treatment recommendations. The intern presents the case to a group consisting of a combination of their peers, supervisor, the DoT, and a consultant. After discussion the consultant provides the intern with evaluative feedback.

Didactic Seminars

Interns attend weekly didactic presentations on the profession wide competencies including assessment, intervention, diversity, and supervision. The seminars are presented by staff who teach the evidence base, ethics, and diversity issues that relate to the weekly topic. Topics may include issues in cultural competence with diverse populations, substance abuse, post-traumatic stress, risk assessment of suicide potential and dangerousness, conceptualization and treatment of psychosis disorders, evidence-based intervention techniques, psychopharmacology, professional issues, differential diagnosis, consultation, management of chronic illness, pain, neuropsychology and geropsychology assessment and intervention, psychotropic medications, and ethics.

Mentoring Program

The Mentoring Program complements the Psychology Training Program by providing a nonjudgmental source of support who can help with personal and professional development. The Mentoring program is voluntary and offers trainees opportunity for a staff mentor who is not their direct supervisor or evaluator. Trainees have used mentoring for career planning (applying to postdoctoral residencies), leadership development, learning administrative skills, balancing work and family, navigating interdisciplinary staff relationships, and support for diversity issues. Mentored individuals report higher satisfaction and commitment to their profession and mentors often report personal and career satisfaction (O'Neil et al., 2014). Trainees are provided participating staff bios, areas of mentoring interest, and availability. The Mentoring Program leadership coordinates and act as a liaison.

APPLICATION PROCEDURES

ELIGIBILITY REQUIREMENTS FOR PSYCHOLOGY INTERNSHIP PROGRAMS

- Applicants must be U.S. citizens; applications from non-citizens cannot be considered, and verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- Federal law requires that most males between the ages of 18 and 26 register with the Selective Service System. Male, for this purpose, is any individual listed as male on their birth certificate regardless of current gender. Males who were required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit <https://www.sss.gov> to register, print proof of registration or apply for a Status Information Letter. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be admitted into a training program. Exceptions can be granted only by the US Office of Personnel Management and are very rarely granted.
- Applicants must be a doctoral student in good standing at an APA, CPA, or PCSAS accredited graduate program in Clinical, Counseling, or Combined psychology, and approved for internship by the graduate program director of clinical training
- Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Requirements for Final Appointment

For any VA internship, final appointment is contingent upon passing a routine physical examination, background security check, possible random drug screening, and standard employment forms OF 612 and OF 306. An oath of office is required at the beginning of the internship.

- Appointees must undergo fingerprinting, passing a background check, and possible pre-employment drug and alcohol screening. We are a federal facility with a zero-tolerance policy for substance use at work. Cannabis use even with prescription is not permitted.
- Onboarding requires a hepatitis B vaccination, tuberculosis screening, and acknowledgement of VA healthcare policy for influenza vaccination. Hospital policy requires all staff to have a current COVID-19 and flu vaccination or document exemption.

Training occurs in a health care setting where patients may have an elevated risk of contracting common illnesses like influenza or COVID-19. You must document that your vaccinations are up to date and you have been screened for active tuberculosis prior to starting your training. The Office of Academic Affiliations requires a Training Qualifications and Credentials Verification

Letter (TQCVL) that documents requirements for Hepatitis B vaccination (or signing a declination form), TB screening, screening against the List of Excluded Individuals and Entities database. You will be required to self-certify you have had a physical in the last 12 months and self-certify that you are in satisfactory physical condition to work as an intern at the Louis Stokes Cleveland VA Medical Center during the 2023-2024 training year.

You should include in the APPI two letters of reference on the standard form, in addition to the APPI DCT verification of good standing in the doctoral program. The only supplemental materials allowed by the APPIC AAPI Online Supplemental Materials policy are a case summary, and/or a psychological evaluation report. We do not require a work sample or case summary, it is OPTIONAL.

We believe a variety of individual differences enhances your experience as trainees and ours as trainers. If you would like to disclose your unique background, personal characteristics, or cultural heritage in your cover letter or essays, we will consider it when reviewing your application.

Complete the APPIC application at the APPIC website: <http://www.appic.org/>

APPLICATION DEADLINE: TUESDAY NOVEMBER 1st, 2022

We are committed to providing an overall generalist training that focuses on developing profession-wide foundational competencies. We ask you to apply to ONE “emphasis track” for a secondary focus for internship with a unique APPIC Program Match Number. Your choice of an emphasis track still allows flexibility in rotation choices, and all experiences include assessment, individual, group, and consultation. Interns often complete two rotations in their emphasis track, but we usually require one rotation to be in a different area. **Final determinations are at the discretion of the Training Committee.**

To match with us, you must rank us using the APPIC program number. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Emphasis Track	APPIC Program Match Number
Clinical Psychology	150812
Health Psychology	150813
Neuropsychology	150814
Geropsychology	150815
Rehabilitation Psychology	150816

In your cover letter indicate ONE emphasis track (APPIC program) to which you are applying AND your preferences for three rotations and an alternate.

WE CANNOT GUARANTEE SPECIFIC ROTATIONS or rotation order due to the changing demands of staffing and program needs. Scheduling rotations is a complex dynamic process that may be adjusted due to staffing considerations. Enrichments are determined on-site during the first rotation.

FORMAT FOR COVER LETTER INDICATING ROTATION PREFERENCES

I am applying to: Clinical Psychology Emphasis Track (APPIC Program #150812)

My preferred rotations are:

1. Psychosocial Rehabilitation Resource Center
 2. Women's Addiction Recovery
 3. Primary Care Clinic
- Alternate: Spinal Cord Injury Unit

Interviews

To make it easier for everyone to interview, all interviews will be conducted by video or phone.

Questions regarding the accreditation of the internship may be addressed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street N.E.
Washington, D.C. 20002-4242
Phone: (202) 336-5979 Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

This internship site agrees to abide by the Association of Psychology Postdoctoral and Internship Centers (APPIC) policy that no person at this training site will solicit, accept, or use any ranking-related information from any intern applicant.

We invite telephone inquiries at (216) 791-3800, x66822. We welcome diversity among our applicants, including qualified ethnic minority group members. We participate in the current Association of Psychology Postdoctoral and Internship Centers Match Program and observe their policies, practices, and deadlines. We do not pre-allocate any internship positions to specific universities.

Program Address

Director of Psychology Training
Psychology Service 116B (W)
VA Northeast Ohio Healthcare System
Louis Stokes Cleveland VA Medical Center
10701 East Boulevard
Cleveland, OH 44106
216-791-3800 ext 66822

INTERNSHIP SELECTION PROCEDURES

Overall our selection process is a rational review of applications, although we use a formula for selecting the first round of applicants to review and invite for interviews. The formula considers numbers from the APPI that represent experiences we consider important for internship success. The numbers are normalized to a rank order total based on the selection pool, so that there are no minimum required number of hours or experiences. However, rarely have we accepted anyone with less than 300 hours of doctoral direct clinical contact hours in supervised practicum experience. The formula contains adult intervention hours, assessment hours, number of integrated reports, number of publications, hours in settings relevant to the VA, and diversity related experience hours. Staff ratings of the application are added to arrive at an initial rank. All reasonably qualified applicants are reviewed for individual diversity characteristics that merit consideration. In recent years we have invited about 90 people for an open house and interview. Interview ratings from a standard set of questions are added to the total score that the training committee considers when creating the final rank order lists for each track. An applicant has

the best chance of matching with us by having a well-rounded background pertinent to working at the VA, a solid interest in a VA internship, careful attention to diversity issues, and an overall professional presentation of themselves.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 31, 2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<p>_____ Yes</p> <p>__X__ No</p>
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Our selection process is a rational one, guided by number of hours of experience indicated on the APPI. We look for applicants whom have well-rounded experience in assessment, intervention, integrated psychological reports, a diverse array of clients, and settings pertinent to the VA such as experience with severe mental illness or veterans.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours:	NO		Amount: see selection guidelines
Total Direct Contact Assessment Hours:	NO		Amount: see selection guidelines

Describe any other required minimum criteria used to screen applicants:
We have no specific required minimum criteria; it is dependent on the applicant pool. Please see selection procedures description above.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$27,402	
Annual Stipend/Salary for Half-time Interns	No	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	

Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): We follow Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond above will require an extension of internship.	Yes	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(An Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	33	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	1	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	8	0
Veterans Affairs Health Care System	20	2
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

SUPERVISION

Interns are assigned to a staff psychologist to be their primary clinical supervisor for each rotation. Supervision is individualized to meet the intern's learning needs and developmental level. We strive to treat interns as emerging professionals and colleagues. The long history of allied health trainees at the medical center helps ensure that trainees are accepted as active participant in interdisciplinary care.

Clinical supervision and experiences are designed to support the intern in learning profession-wide foundational competencies. The intern and their supervisor collaborate at the beginning of each rotation and form learning plan goals that support acquisition of professional competencies and individual learning needs.

Individual supervision is scheduled for at least two hours weekly and at other times as needed to address emergencies, crises, immediate issues and concerns. An additional 2 hours of supervision is scheduled in a group setting. Ongoing collaboration, consultation, clinical observation, and supportive feedback are provided through working alongside the clinical supervisor engaged in professional work on the rotation setting. At mid-rotation, the intern and supervisor meet to discuss the intern's progress on the specific rotation competencies, complete a written mid-rotation evaluation, and to revise the goals as appropriate.

Toward the end of each rotation, the intern makes a case presentation in a group that consists of a consultant, other interns, and staff. The case presentation is structured to strengthen the intern's ability to formulate cases clearly and develop appropriate interventions. The primary supervisor prepares a final written evaluation of the intern's performance. The DoT provides a progress report to the university Director of Clinical Training at mid-year. All training is under the supervision of a licensed psychologist and consistent with Ohio State Board of Psychology Rules for Psychologists.

EVALUATION

Assessment of competencies and training needs is a required component at each stage of our evaluation process. Supervisor and intern collaborate on formal written evaluations of the intern's progress. Interns whose performance are not at an expected level of competence will be advised regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed. At the end of each training rotation, interns participate in final ratings, including evaluation of the rotation.

Successful completion of the internship program entails demonstrating competency attainment across nine domains of profession-wide foundational competencies, completing the minimum number of hours on duty, and all assigned surveys and tasks. The following activities are required and evaluated:

- Assessment Module. Each intern must write a satisfactory diagnostic report on an initial case.
- Rotation Performance: The intern must satisfactorily complete the three clinical experiential rotations, and any supplemental enrichment experiences.
- Case Presentations: Near the end of each rotation the intern presents a case to peers and a psychologist consultant. The consultant rates the intern's performance on the case.

COMPETENCY DEVELOPMENT

Program elements and clinical supervisors contribute to intern development of professional identity and foundational competencies. Intern learning and evaluation are organized around the APA foundational competency domains:

I. Science of Psychology: The scientific knowledge and methods for understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan.

II. Ethical and legal standards: The APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations.

III. Individual and cultural diversity: Professional awareness, sensitivity, and skill in working with diverse individuals and groups who represent broadly defined cultural and personal background characteristics that include age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

IV. Professional values, attitudes, and behaviors: Adheres to professional roles, appropriate comportment, communication, physical conduct, and self-directed management of demeanor across situations. Understands and safeguards the welfare of others, manages time well, keeps appointments, and has timely documentation. Considers resources for self-development and displays developmentally appropriate professional identity as psychologist. Possesses personal and professional self-awareness, reflection, and awareness of professionalism. Monitors own actions and effects on others. Understands the importance of personal health, monitors and attends to well-being to assure effective professional functioning and positive coping strategies.

V. Interpersonal and Communications Skills: Demonstrates knowledge of interpersonal and interventional skills, establishes and maintains effective, cordial, and respectful task-oriented working relationships with multidisciplinary staff and trainees. Negotiates differences and handles conflict effectively, receives feedback nondefensively. Forms empathic and effective working alliance with patients with appropriate maintenance of professional boundaries. Expresses and conveys relevant information to patients and other professionals in a coherent, comprehensible fashion using appropriate language for the circumstances. Writes consultations, test reports, progress notes, treatment summaries, and other professional communications in a coherent and understandable manner.

VI. Assessment: Demonstrates knowledge of interviewing issues and the strengths and limitations of administration, scoring, and interpreting psychological test measures. Selects methods of data gathering appropriate to and adequate for the purpose and setting of the assessment. Considers psychometric issues in selecting tests; organizes the assessment. Conducts individual interviews including symptom appraisal, mental status, and psychosocial history for diagnostic assessment and treatment planning. Accurately interprets common self-report personality tests with respect to psychopathology, personality structure, and determination of diagnosis. Synthesizes data from multiple sources including individual cultural differences. Reconciles inconsistencies to form conclusions. Plans for and accurately and sensitively communicates the data to the client in appropriate language both verbally and in writing.

VII. Intervention: Demonstrates knowledge of theory, practices, and modalities of affecting change. Conducts individual interventions utilizing accepted theories and practices of psychotherapy. Integrates information about patients and circumstances, weighs alternatives, and chooses appropriately among diagnostic and treatment strategies or other courses of action. Formulates

realistic treatment plans, goals, and recommendations by considering individual client characteristics, problems, and capacities.

VIII. Supervision: Demonstrates knowledge and appropriate use of supervision skills. Is collaborative and participative in supervision, spontaneously seeks assistance when needed, raises appropriate questions and issues, and effectively attends to implementing supervisor suggestions

IX. Consultation and interdisciplinary skills: Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) and has basic knowledge of the viewpoints and contributions of other professionals. Clarifies the referral question, identifies relevant research, and clinical knowledge and communicates effectively with stakeholders. Develops and maintains collaborative relationships and respect for other professionals.



INTERNSHIP EMPHASIS TRACKS and ROTATIONS

The program is committed to providing experiences that develop generalist skills and profession-wide foundational competencies. However, we allow internship emphasis tracks as a method to focus training in an area aligned with established accredited specializations. The training year is structured around three rotations that last four months. All experiences are focused on acquiring independent skills in the basics of assessment, intervention, and professionalism.

The information here was current when finalizing this brochure, however operational changes may continue in response to the COVID-19 pandemic. Medical center operations changed dramatically due to the pandemic with many outpatient appointments are being accomplished through telehealth. At this time most outpatient rotations are seeing patients both in person and via telehealth. Most inpatient rotations are seeing patients in person. We expect a continued requirement for patients and staff to wear paper masks in the hospital.

You can have confidence that we are committed to maintaining both your safety and professional development during internship. We intend to keep the structure of rotations the same, but fully expect there will be changes to practice that include telehealth. It will help you to have some flexibility and you may need to employ radical acceptance for unforeseeable but necessary changes. We make every effort to consider intern preferences for rotations, however training needs, scheduling, and staffing issues constrain training committee decisions on rotation assignments.

We attempt to assign two rotations that align with the applicants' stated preferences or emphasis area and then assign the third rotation based on training needs for breadth and complimentary experiences.

In our literature, the term **EMPHASIS TRACK** refers to a focus for the year's study, which has a distinct **APPIC Program** match number. Applicants should apply to a SINGLE Emphasis Track: (1) Clinical Psychology, (2) Geropsychology, (3) Clinical Health Psychology, (4) Clinical Neuropsychology, or (5) Rehabilitation Psychology. Curriculum emphasis is often available as part of a major area of study (two rotations or eight months); a secondary emphasis (one rotation or 4 months); or as an enrichment experience.

The term **ROTATION** refers to a clinical assignment lasting four-months, in a designated hospital location with a specific supervisor. The sequence of rotations varies with location, demands, and availability of supervisors. We generally schedule an intern with two rotations in their primary Emphasis Track, and a third rotation for breadth of experience determined by training needs. Applicants should indicate their preferences in their cover letter as described in the application procedures. The final rotation schedule and sequence is determined by the Training Committee and the constraints of staffing. Updated information on availability, new rotations, and enrichment opportunities will be provided as it develops.

An **ENRICHMENT** is a supplementary clinical assignment, four to eight hours per week basis over eight months, concurrent with the regular second and third rotations. Enrichment placements are arranged by petition near the end of the first four-month rotation.

CLINICAL PSYCHOLOGY EMPHASIS ROTATIONS

Interns in the Clinical Psychology Emphasis Track will learn assessment and intervention for a wide variety of psychiatric, behavioral, and environmental problems. Rotation experiences enable the intern to learn skills in the differential diagnosis of psychopathological disorders and development of individualized treatment plans. Theoretical and therapeutic approaches vary with the training setting and problems typically encountered, but most rotations provide experience in 1) psychological assessment, 2) individual interventions including psychotherapy, cognitive approaches, and evidence based practices, 3) group, marital, and/or family interventions, 4) case management, 5) multidisciplinary treatment team planning, and 7) patient education. We encourage interns to explore areas in which they have not gained prior experience so that they broaden the scope of their diagnostic and treatment skills. Our program won a 2016 APA Division 18 Excellence in Training Award for providing recovery-oriented, evidence-based services to adults diagnosed with serious mental illnesses.

ADDICTION RECOVERY CENTER

The internship program offers three substance abuse rotations: Men's Treatment Program, Women's Treatment Program and the Gambling Treatment Program. All three are in the Veterans Addiction Recovery Center (VARC) that offers a variety of programs for veterans with a substance dependence or impulse control disorder. Veterans participating in VARC programming complete an initial assessment tailored to the patients' needs, receive treatment recommendations, and participate in treatment guided by their assessment results. Treatment modes range from brief intervention to intensive residential programming. Residential addiction treatment is integrated within the Homeless and Mental Health Residential Rehabilitation Treatment Center (HMHRRTC – see below). Veterans receiving residential treatment for substance use disorders (SUD) within the HMHRRTC are able to simultaneously address co-occurring concerns such as PTSD, SMI, and other psychosocial problems. Trainees involved with residential addiction treatment have opportunity to be part of an interdisciplinary team with providers from multiple mental health specialty areas to address the veterans' individualized needs.

In addition to primary treatment for substance dependence, the VARC unit has specialized programs in Gambling Treatment, Opioid Substitution, and Women Veterans Addictive Behavioral Treatment program. Both residential and outpatient treatment are available, with ongoing aftercare following the initial intensive phase of treatment.

The Veterans Addiction Recovery Center (VARC) is one of the largest and most comprehensive addiction treatment programs in the VA Healthcare System. It offers a unique opportunity for psychology interns to work on inter-professional teams with a psychologist, psychiatrist, physician, addiction therapist, licensed counselor, social work, nursing, recreation therapist, and chaplain. Interns may participate in screening, assessment, and group and individual evidenced based treatment of a wide range of substance and process addictions. The training offers experience with the full range of care as defined by the American Society of Addiction Medicine: brief intervention, outpatient, intensive outpatient, residential and inpatient care.

Enrichment opportunities include intensive training in Motivational Interviewing or Motivational Enhancement Therapies, and research participation.

ADDICTIONS - GAMBLING TREATMENT PROGRAM

The Gambling Treatment Program has been in operation for over 45 years and was the first program in the world addressing gambling as an addictive disorder. It draws referrals nationally, including from the Department of Defense. The program includes eight to ten residential rehabilitation beds with a five to six-week length of stay, aftercare, and outpatient services. Programming follows a structured evidenced-base manual that incorporates the spirit of Motivational Interviewing and works alongside of peer support and Gamblers Anonymous. Interns serve as co-therapists in daily group psychotherapy and provide individual therapy according to veterans' needs. The program's interprofessional staff is headed by a psychologist, who is a national trainer in the treatment of gambling disorder, cooccurring with complex medical and psychiatric issues. Interns are invited to participate in research and scholarly activity on gambling disorder, which is regularly presented regionally, and nationally.

ADDICTIONS - MEN'S TREATMENT PROGRAM

Our Men's Addiction Treatment Program offers SUD care for men in the HMHRRTC and the Men's Intensive Outpatient Treatment Programs for male veterans diagnosed with drug or alcohol use disorders from a local and regional referral base. Training in the Men's Addiction Treatment Program facilitates learning evidenced based treatment including Motivational Interviewing and Motivational Enhancement Therapy, Cognitive Behavioral Therapy, Mindfulness Based Relapse Prevention, 12-Step Facilitation, and Contingency Management. Intern responsibilities include group facilitation, individual interventions, diagnostic assessment, and treatment planning. The intern's learning plan is individualized keeping in mind the intern's needs and goals, allowing for involvement in program development, leadership, intensive assessments, measurement-based care, and specialized trainings in addiction.

ADDICTIONS - WOMEN'S TREATMENT PROGRAM

Our Women's Addiction Treatment Program offers residential and outpatient treatment for female veterans nationwide diagnosed with drug or alcohol use disorders. The program places special emphasis on issues unique to women and concurrently offers treatment for comorbid disorders such as process and other addictions, mood disorders, anxiety disorders (predominantly Post Traumatic Stress Disorder), and personality disorders. Treatment staff include clinicians in a variety of disciplines including psychology, psychiatry, mental health counseling, nursing, social work, internal medicine, recreational therapy, art therapy, and occupational therapy. The program has a six-month aftercare component, onsite women's twelve-step meetings, and strong linkages with other medical center programming for coordinated care of trauma and other related concerns. Therapeutic interventions consist of evidence-based treatments, including but not limited to motivational interviewing and enhancement, cognitive-behavioral techniques, skill-building and mindfulness enhancement strategies. The treatment program is implemented using structured NIDA and MATRIX program materials and includes many gender-specific interventions. Intern responsibilities



include group facilitation, individual patient interventions, diagnostic assessment, and treatment planning. There may be opportunity to participate in the treatment program's equine therapy component, program development, leadership opportunities, conducting personality assessments, and attending specialized trainings in substance use disorder treatment.

HOMELESS & MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT CENTER

The Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC; formerly the Domiciliary) is a 122-bed residential unit with a mission to provide state-of-the-art, high-quality, trauma informed residential rehabilitation and treatment services. Veterans in the HMHRRTC have multiple complex medical conditions, mental health issues, addictions, and psychosocial deficits. Staff identify and address global goals of wellness, recovery, rehabilitation, health maintenance, improved quality of life, and community integration in addition to specific individualized goals for mental health issues, addictions, medical problems, homelessness, and occupational/financial needs. The HMHRRTC is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in the area Residential Mental Health care and is the only Domiciliary (national program) that is a collaboration between two organizations - VA Northeast Ohio Healthcare System and Volunteers of America (VOA).

The HMHRRTC houses a fully integrated Mental Health Residential Rehabilitation Program (referred to henceforth as RRTP). Training opportunities for Interns within RRTP are guided by Specialty area (Addiction, SMI, Women's Treatment, Residential General Mental Health & Homelessness, Trauma, etc.) and Interns work as members of an interdisciplinary treatment team which includes clinical and supportive service case managers, physicians, nurses, occupational therapists, recreation therapists, chaplains, and other mental health providers.

Primary professional training experiences for the GMH/Homeless (General Residential) specialty include screening/assessment of suicide risk and safety planning, individualized treatment planning or discharge planning, cognitive assessment, personality assessment, individual therapy, grief counseling, individual evidence-based psychotherapies, participation in interdisciplinary team meetings, or short-term supportive therapies. Group therapy opportunities may include cognitive-behavioral therapy, mindfulness & distress tolerance skills, anger management, effective communication, or problem-solving therapy. Trainees may have opportunity to co-facilitate with a provider from a different discipline or create a new group that meets a population need. Training in capacity evaluation is often available if it is of interest to the intern. Program development / program evaluation is an ongoing component of the General Residential rotation. A main goal of this rotation is for trainees to understand the complex interaction of addiction, homelessness, serious mental health issues, trauma/PTSD, and medical concerns in an aging population and to learn to work flexibly within this challenging environment.

HOMELESS & MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT CENTER- SMI SPECIALTY FOCUS

The SMI specialty focuses on persons with severe mental illness from a psychosocial recovery perspective. This specialty employs evidence-based strategies for this population, including psychosocial skill development, illness management and recovery training, and an integrated dual disorder treatment component for those veterans with SMI and co-occurring addiction. This program utilizes the recovery model for SMI and applies stage-wise intervention strategies for addiction and illness management

issues, with an emphasis on early engagement, individual values and goals, and motivational enhancement interventions. Primary professional training experiences include clinical interviewing and psychological assessment, treatment/rehabilitation planning, case coordination, and individual/group interventions with persons with severe mental illness. Comprehensive, recovery-oriented psychosocial assessment, motivational enhancement, measurement-based care intervention, cognitive-behavioral psychotherapy, and group facilitation skills are emphasized. Intern would function as a member of the SMI specialty team and function within the MHR RTP as a member of an integrative interdisciplinary team. Each intern also has the option of participating in a program development project.

INPATIENT PSYCHIATRY UNIT

The inpatient psychiatric unit is a locked facility that provides a controlled environment for veterans in need of acute psychiatric care. It is the most restrictive environment of care in the VA Northeast Ohio Healthcare System continuum of care. The goals of treatment are rapid diagnosis, stabilization, and treatment for veterans experiencing psychiatric crises. Staff utilize a medical model of care, while integrating some aspects of the Recovery Model. The most frequently encountered admitting diagnoses are acute psychotic episodes, drug-induced psychosis and/or mood disorders, major depressive episodes, manic episodes, underlying personality pathology, and suicidal behaviors. Veterans are assigned on admission to an inter-professional treatment team comprised of an attending psychiatrist, medical provider, pharmacist, social worker, nurse, and learners from each of those disciplines. The rotation supervisor functions as a consultant to the teams, other unit staff, and veterans. Interns on this rotation function as integral members of the inter-professional teams and work with veterans providing a range of care from assessments, time-limited therapies, and support services. Interns will have the opportunity to work with veterans experiencing psychiatric acuity atypical of most outpatient and residential treatment settings and collaborate with the team to assist the veteran in returning to community functioning.

Specific skills obtained by interns on this rotation include: 1) functioning as a team member during rounds, 2) providing discharge treatment recommendations regarding community inclusion, 3) assessment skills for differential diagnosis and psychotic symptom inquiry 4) objective and projective/performance-based testing as well as capacity evaluations as needed, 5) effectively and efficiently communicating assessment results, 6) facilitating recovery-oriented skills groups for patients with varying degrees of symptom management, and 7) conducting time-limited and problem focused one-to-one interventions. Interns also attend didactics and clinical case observations offered to the other learners on the team. There may be opportunities to attend family meetings and probate court hearings – both of which are conducted on the unit. The inpatient unit may also afford the opportunity to observe services and treatments across the continuum of psychiatric care such as observation of the psychiatric emergency room, attending a session of electroconvulsive therapy (ECT), or spending a half day in the MHR RTP.

MENTAL HEALTH AMBULATORY CARE CLINIC

The Mental Health Ambulatory Care Clinic (MHACC) is an outpatient psychiatry service that treats veterans with a wide array of presentations, often complex and high-risk in nature. The MHACC is the second largest service at the Cleveland VA, with 45-50 providers working full or parttime with some evening clinics and utilizing face-to-face and electronic modalities. The MHACC includes a large interdisciplinary staff from psychiatry, psychology, social work, and nursing, as well as trainees in these areas. The MHACC is broken into 3 Teams with their own panel of patients. While each team has a wide variety of patients, each team is somewhat specialized: Team 1: Trauma, personality disorders, psychosis; Team 2: Geriatrics, and Team 3: Trauma (combat and military sexual trauma (MST)) we have a heavy focus on PD as well. Within this context, psychology interns will focus on assessment and individual interventions with a wide variety of Veterans while embedded in one of the three teams. There are several group interventions available as well; interns with an interest in DBT may have the opportunity to observe and eventually co-facilitate the DBT Skills Group. The MHACC also provides a Skills Group for Veterans recently diagnosed with a first episode of psychosis. You will have opportunities to observe supervisors and other MHACC psychologists providing VA Evidence-Based Protocols in areas such as CBT for Depression, CBT for Insomnia, CBT for Chronic Pain, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Mindfulness-Based Cognitive Therapy, CPT, PE, IPT for Depression, and EMDR upon request and integrated within your learning plan with appropriate advocacy with your supervisor or other trained psychologist. Depending on the intern's preferences, our supervisors are involved in other treatment services within the hospital including the G.I.V.E. Clinic for transgender and gender diverse veterans and the IPV program, and interns may request minor rotations in these areas.



PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER

The Psychosocial Rehabilitation and Recovery Center (PRRC) is located at 7000 Euclid Avenue, about a mile from the main Medical Center. Trainees of this rotation work within the PRRC multidisciplinary treatment team to provide a full range of psychological services to Veterans diagnosed with serious mental illnesses (Schizophrenia and Bipolar Spectrum Disorders, PTSD and Mood Disorders which have a severe impact on the Veteran's functioning) and co-occurring substance use disorders. The primary focus of PRRC programming is to promote Veteran progress towards personal recovery and community inclusion goals, which commonly include – improved coping with persisting symptoms of Serious Mental Illness, increasing supports for independent living, reengagement with family/friends or development of other community based social supports outside of the VA, and active involvement in community based organizations, which can include involvement in church or community based organizations, support groups, volunteering, engagement in hobbies, or linkage to resume employment.

During this rotation, interns will further develop skills in clinical interviewing, psychological assessment, individual, group and family therapy, as well as psychosocial rehabilitation planning and care coordination for Veterans with serious mental illnesses. Trainees will learn how to effectively engage, assess, and intervene with clients in their natural environment. Trainees will have opportunities to participate and learn more about the Integrated Dual Diagnosis Treatment model (IDDT), Motivational

Interviewing, Illness Management and Recovery, and other evidenced based interventions to treat individuals who experience SMI. Finally, this rotation offers ample opportunity to gain experience with designing and implementing skills and/or psycho-educational groups and participating in ongoing performance improvement and program evaluation projects.

PTSD CLINICAL TEAM

The PTSD Clinical Team (PCT) provides specialized, time-limited, evidenced based treatments for survivors of trauma. Veterans working within the PCT have been referred by an outpatient provider to engage in trauma-processing utilizing treatments consistent with the VA/Department of Defense Clinical Practice Guidelines for the Management of PTSD. These treatments include Cognitive Processing Therapy (CPT), Prolonged Exposure for PTSD (PE), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT), Written Exposure Therapy (WET), and Nightmare Resolution Therapy (NRT). The PCT treatment is provided on both an outpatient basis and in the context of the Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC; see above section of that title for further information). Treatment formats range from weekly sessions to massed delivery 3-5 times per week in our Intensive Treatment Program, as well as various group offerings. Upon completion of trauma-processing work, veterans requiring ongoing mental health care return to their outpatient provider. Psychological assessment and the delivery of evidence-based practices (in both group and individual therapy formats on outpatient and residential basis) are the focus of training in the PCT. Interns are expected to hone their skills as a practitioner-scholar by functioning as an informed consumer of relevant research and utilizing research to inform their clinical practice. Training is provided in various empirically supported treatments for PTSD with veterans. Interns are supervised in incorporating elements of these treatments into their clinical practice to various degrees, depending upon their previous therapy experiences. Opportunities for program development and evaluation are also available to interns.



HEALTH PSYCHOLOGY EMPHASIS ROTATIONS

The Health Psychology rotations encompass clinical health psychology experiences that meets the Council of Directors of Health Psychology Training Programs requirements for health psychology internships. Rotations offers training experiences in a variety of inpatient medical settings, including acute, intensive care, and rehabilitation units. In addition, participation in Primary Care Medical Clinics provides interns with broad experience in assessment and short and long-term care of medical outpatients and their families. Interns will provide direct and focused interventions that increase experience recognizing and managing common psychiatric syndromes that may coexist with medical problems, assist veterans coping with illness, and help them modify health-related behaviors. Training experiences may include the following: 1) differential diagnosis of functional and organic contributions to symptoms, 2) crisis intervention with patients and families, 3) consultation-liaison activities with multi-disciplinary staff, 4) pain and stress management, 5) counseling for adjustment to chronic disease and disability, 6) individual, and 7) primary and secondary prevention groups.

ONCOLOGY/HOSPICE

The psychologist in Hematology-Oncology is a member of the interdisciplinary Cancer Program, receiving referrals from numerous sources that include hematologists, oncologists, general surgeons, internists, oncology nurses, oncology dieticians, oncology social workers, and advanced practice nurses. Interns collaborate with multiple disciplines across inpatient and outpatient settings to ensure that the psychosocial and psychological needs of Veterans and their families are addressed in tandem with their medical needs. Trainees will conduct assessments and deliver a range of psychotherapeutic interventions tailored to the needs of individuals, couples, and families. Typical presenting issues involve adaptation to cancer diagnosis and treatment, cancer related distress, anxiety, depression, and grief and loss inherent in a major medical illness. There also may be the opportunity to conduct a comprehensive psychological evaluation for a bone marrow transplant candidate. As team members, Interns participate in multiple weekly and biweekly interdisciplinary tumor board meetings that discuss evidence-based treatment planning for a wide variety of cancers. Additional opportunities include attendance at meetings involving cancer programming, distress screening, and cancer survivorship services.

The psychologist on the Palliative Care team provides services to Veterans in response to inpatient Palliative Care consults. Interns conduct comprehensive psychological evaluations that assess mood, level of distress, social support, coping approaches, and preferences regarding goals of care. For continuity of care, Interns have the opportunity to conduct interventions and extend care delivery, when appropriate, from the inpatient to outpatient setting upon discharge. In addition, Interns participate in interdisciplinary treatment team meetings to optimize palliative care for Veterans.

The psychologist on the Inpatient Hospice Unit works as a member of an interdisciplinary team that includes the hospice medical director, social worker, nurse practitioner, nursing staff, pharmacist, dietician, chaplain, recreation therapist and art therapist. Within this setting, Interns work with Veterans residing on the hospice unit for end-of-life care. Interns evaluate the needs of the Veterans and provide individual, couples, and family interventions to address anticipatory grief and facilitate the transition to this final developmental life stage. In addition, Interns also participate in interdisciplinary team meetings to address the care needs of hospice residents and their families.

HEADACHE CENTER OF EXCELLENCE and POLYTRAUMA CLINIC

Chronic headache conditions are prevalent and can be a source of significant distress and functional impairments for patients. Chronic headaches are one potential residual symptom after a traumatic brain injury (TBI), and health psychology has long been a part of the Cleveland VA Medical Center's interdisciplinary polytrauma treatment team to help veteran with chronic headaches and other residuals of TBI. We are both a Network Site for polytrauma care and one of the VA's Headache Centers of Excellence (HCoE). This headache/polytrauma rotation incorporates development of core skills and competencies relevant to working with patients with chronic headache conditions. Training includes work with an interdisciplinary polytrauma treatment team, including weekly team meetings, with a focus on providing care for veterans with a history of traumatic brain injury (TBI) who may present with a variety of concerns including mood issues, headaches, problematic sleep, pain, and/or cognitive issues. Training also includes working with the Headache Center of Excellence, one of the national VA sites providing interdisciplinary headache care; this includes ongoing virtual education sessions from HCoE providers across the nation and training in Cognitive Behavioral Therapy for Headaches (CBT-HA), a new evidence-based treatment protocol for patients with chronic headaches. Interns on this rotation will co-lead some CBT-HA group sessions as well as a monthly headache informational group session. Interns will provide individual treatment including biopsychosocial assessments of new patients with chronic headache conditions, relaxation training, behavioral modification, screening for mental health care needs, and screening for safety issues. Interns will get basic exposure and experience to biofeedback for chronic headache conditions. Opportunities to observe medical appointments including botox injections can be arranged.

PRIMARY CARE CLINICS

Psychologists serve as part of an interdisciplinary Primary Care Team, and provide co-located, Primary Care - Mental Health Integration consultation. It is expected that pre-doctoral interns will become proficient with providing rapid consultation, and treatment of biopsychosocial problems such as depression, PTSD, anxiety, health illness anxiety, tobacco use, substance misuse, diabetes, obesity, and adherence problems. The intern will be expected to apply behavioral health interventions such as motivational interviewing to enact health promotion and disease prevention, and to follow a small number of outpatients for short-term psychotherapy. Interns work very closely with medical attending physicians, psychology preceptors, residents, nurses, nurse practitioners, pharmacy, and social workers. There are also opportunities to participate in the Morbid Obesity Clinic (MOVE, an interdisciplinary psychoeducational group for weight loss), Preventive Medicine Clinic (a resident teaching clinic where patients are assessed and treated for tobacco abuse, pre-diabetes, diabetes, obesity, and non-adherence), and evaluating potential candidates for bariatric surgery. Interns are also invited to attend various lectures, case conferences, and journal clubs sponsored by the Department of Medicine. Interns will gain knowledge and experience regarding social and cultural impact on health and wellness. Program Development/Program Evaluation is an additional requirement of the rotation. Supervisors assist interns in developing a project which is conducted over the course of the rotation. Interns are tasked with developing and proposing a program or evaluating an existing program which they then present their hypothesis and potential findings at the end of the rotation in a PC-MHI team meeting. This requirement is optional for interns who elect to complete this rotation at the Parma VA Clinic.

GEROPSYCHOLOGY EMPHASIS ROTATIONS

Geropsychology emphasis rotations focus on training experience that includes both specific geropsychology work and more general developmentally appropriate training. The geropsychologists follow the Pike's Peak model of geropsychology training using evidence-based interventions. The focus is on lifespan development, normative changes, and the interaction between the mental and physical problems that may occur in older persons. The intern will explore beliefs about aging, ethical issues related to this population, biology and the mind-body connection, and the social dynamics of aging. Consideration of diversity issues is a key component of learning efficient and thorough evaluation, testing, and intervention appropriate to this population. The intern gains professional experience by being an active member of the interdisciplinary team providing services to a short stay rehabilitation facility and outpatient medical geriatric clinic.

OUTPATIENT GEROPSYCHOLOGY

Interns in the Outpatient Geropsychology rotation gain experience in the assessment, care, and management of the older veteran, and provide services in geriatric primary care and dementia care clinics as a valued member of the geriatric interdisciplinary treatment team. Services are provided directly in the Outpatient Geriatric Primary Care Clinic and with the Dementia Care Coordination Team. Interns provide psychological assessment, cognitive assessment, and treatment interventions for patients and their care partners. Services are provided both in-person and via telehealth modalities. Individual, marital, and family therapy are frequently utilized to help veterans and their families cope with a wide variety of difficulties including medical, neurological, and psychiatric illness. Interns also help staff manage and treat patients more effectively by direct intervention or staff training. Interns can build and maintain therapeutic relationships with patients in this rotation and efforts are made to have interns follow patients across treatment settings, such as during an acute medical hospitalization or during rehabilitation on the CLC. They learn to evaluate and address issues specific to the aging population, including issues such as capacity, placement, grief and loss, end-of-life issues, social dynamics, dementia, delirium, behavioral issues, loss of driving privileges, and psychosis. Interns gain an understanding of medical conditions, procedures and medications, and the impact they have on older patients' cognition and emotional status. Interns also explore issues of diversity and ethics related to this population and the resulting impact on treatment. Interns work directly with medical staff and various other disciplines on the treatment team and learn to function as team members. Research opportunities are available and encouraged.

COMMUNITY LIVING CENTER

The rotation at the Community Living Center (CLC), our facility's nursing home, addresses mental, physical, cognitive, and emotional issues as pertaining to adults and older adults residing in a short-term skilled nursing and rehabilitation care community. The intern will function as part of the geropsychiatry team, which is the consultation service for mental health needs in the CLC. Interns will learn to: (1) recognize age-related physical and psychosocial changes and stressors such as adjustment disorders, mood disorders, cognitive impairment, substance abuse, and serious mental illness, (2) describe the assessment of physical and psychosocial function in the older adult, (3) develop and implement behavioral plans using STAR-VA and other long term care interventions, (4) identify factors that

distinguish between reversible confusion and dementia, (5) recognize the potential effects of medication on the older adult population and the implications of care in regard to medical conditions and medical interventions, (6) learn principles of hospice and palliative care, and (7) conduct cognitive assessment and decision making capacity evaluations. In addition to individual interventions and facilitating a behavior management group with direct care staff, the rotation also provides experience with techniques and coping skills for caregivers who are going through life role transitions of their loved ones. Further, the intern will be a valued part of the interdisciplinary team and will have ample opportunity for staff consultation and training.



NEUROPSYCHOLOGY EMPHASIS

The Neuropsychology Track affords both general clinical training and preparation for subsequent specialization at a postdoctoral level. The program offered meets the Division 40 and International Neuropsychological Society criteria for doctoral Neuropsychology internships. Interns usually complete two rotations in general outpatient neuropsychology (four months each with different supervisors) and a third rotation in a different emphasis area for breadth of training. Interns that have a strong background in neuropsychology may substitute a neuropsychology rotation for one in which there is substantial experience with neuropsychologically impaired populations, such as Geropsychology, Spinal Cord Injury Service, or the Pain Clinic.

Emphasis is on providing evaluations for Neurology, rehabilitation, case management, and differential diagnosis in patients with a primary psychiatric diagnoses and comorbid neurological complications. There is a substantial emphasis on required background readings in neuroscience and related fields as well as readings conceptually targeted to cases and their relevant differential diagnostic issues, case conceptualization, and comprehensive report writing. Typical caseload is 1-2 patients a week. Relevant didactic and experiential opportunities include a regular Neuropsychology seminar and optional seminars in Rehabilitation Psychology, attendance at a Polytrauma interdisciplinary case conference overseen by Neurology and participation in research activities with the Neuropsychology postdoctoral fellow. Research and specialized didactic opportunities such as Neurology Grand Rounds, brain cutting, and epilepsy case conferences are available at nearby Cleveland hospitals.

Neuropsychological referrals typically consist of questions concerning delineation of spared and impaired cognitive functions secondary to central nervous system dysfunction related to traumatic brain injury, stroke, differential diagnosis of depression and dementia, establishment of a neuropsychological baseline against which to monitor recovery or progression of central nervous system dysfunction, assessment of cognitive/behavioral functions to assist with rehabilitation, management strategies, and placement recommendations, and evaluation of cognitive status for capacity evaluation.

The Clinical Neuropsychology Emphasis Track operates in accordance with the INS-Division 40 guidelines and the goals espoused by the Houston conference. It is designed to provide interns with the didactic and experiential opportunities necessary to develop evidence-based neuropsychological assessment, clinical interpretative, and consultation skills. Interns are assigned research literature pertinent to issues

related to the people they evaluate. In addition, specific training goals include active involvement in clinical research and relevant educational opportunities within the context of a nationally known tertiary medical center.

REHABILITATION PSYCHOLOGY ROTATIONS

The practice of Rehabilitation Psychology involves improving the quality of life and functioning of people with acquired disabilities. Rehabilitation rotations provide interns with training to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with the American Board of Rehabilitation Psychology (i.e., ABPP specialty certification in Rehabilitation Psychology). Interns will have the opportunity to learn about rehabilitation diagnoses including spinal cord injury, traumatic brain injury (TBI), amputation, stroke, multiple sclerosis, and orthopedic disorders. Interns provide assessment and intervention to veterans as well as consultation to members of the interdisciplinary rehabilitation team. Interns who elect the Rehabilitation Psychology Emphasis Track generally complete the SCI rotation and Cares Tower Residential and Outpatient rotation.

SPINAL CORD INJURY AND DISORDERS UNIT

The Spinal Cord Injury (SCI) Unit is one of 25 designated VA SCI Centers comprehensive medical care and rehabilitation of veterans with spinal cord injuries and related disorders, including multiple sclerosis and amyotrophic lateral sclerosis. Founded in the 1970s, the unit has a forty-year history of integrating psychology training into care. The rotation offers experience in providing psychological services to people with disabilities, including assessment, individual and group interventions, team consultation, and advocacy. Interns will become familiar with the medical aspects of SCI as well as the acute and long-term psychological problems associated with this disability, such as depression, anxiety, PTSD, neurocognitive disorders, and substance use disorders. The rotation emphasizes working within an interdisciplinary team to promote positive treatment outcomes and program development. The center has a 32-bed inpatient unit and an outpatient clinic that serves 500 veterans with SCI/D annually. The inpatient acute rehabilitation program and outpatient rehabilitation program are both CARF accredited. The Cleveland VA Medical Center has one of the largest SCI Telehealth programs in the country, offering opportunities for both virtual and in-person care. The interns gain experience facilitating our innovative group therapy programs focused on disability advocacy, adjustment to disability, women's issues, issues specific to AIS D SCI, and sexuality.



CARES TOWER-RESIDENTIAL AND OUTPATIENT REHABILITATION

In addition to Physical Medicine & Rehabilitation Services, the state-of-the-art CARES Tower building enables the Cleveland VA Medical Center to provide care to Veterans needing inpatient blind rehabilitation and long-term spinal cord injury care. This rotation offers rehabilitation psychology trainees the opportunity to gain diverse residential and outpatient rehabilitation experience through participation in clinical activities across 2 part-time clinics. The CARF accredited Cleveland Blind Rehabilitation Center (BRC) is 1 of 13 national inpatient VA centers that provide comprehensive rehabilitation services and skills training for management of visual impairment and blindness. The Cleveland BRC has 7 beds and an average admission lasts four to six weeks.

Trainees develop skills in comprehensive biopsychosocial assessment and in use of screening measures for assessment of cognitive functioning. Recommendations stemming from these assessments are offered during weekly interdisciplinary team meetings. The trainee will gain experience with regular team consultation and care coordination that is provided on an as-needed basis, regarding behavioral management and management of mental health or cognitive issues. Trainees will provide short-term individual psychotherapy to address a wide range of mental health symptoms and disorders, individual adjustment to disability and chronic illness, and health behavior modification. There is opportunity for conjoint family member or caregiver sessions that emphasize adjustment to disability for the patient and the family. Trainees will also lead a weekly psychoeducational/support group that addresses adaptation to and management of visual impairment, disability, and social disability issues.

The Spinal Cord Injury Long Term Care (SCI LTC) Unit, is a 26-bed residential care facility addressing psychological needs for individuals with Spinal Cord Injury and neurological disorders such as multiple sclerosis and amyotrophic lateral sclerosis. Trainees will have the opportunity to evaluate and treat a variety of complex psychiatric concerns and adjustment concerns, as well as problematic health

behaviors such as tobacco use and weight management. Rehabilitation psychology typically offers long-term individual psychotherapy, a weekly support/behavioral activation group, evaluation of all patients annually, and cognitive testing. Also serving as an active participant in weekly interdisciplinary teams, admission decisions, and administratively participates in development of policy.

ENRICHMENT OPPORTUNITIES

Interns may be permitted to pursue an enrichment experience in addition to the three four-month rotations. Enrichments are scheduled four to eight hours per week starting in the second rotation and continuing through the third rotation. Interns may petition for enrichments in October of the training year after the intern has sufficiently familiarized him or herself with the range of training opportunities.

ROTATION ENRICHMENTS

Many of the regular rotations described above can be pursued as an additional experience when the rotation supervisor is available and agreeable to providing the training experience. In addition, interns who desire experience with longer-term therapy may petition to follow one to two patients beyond the end of a rotation. Interns have also pursued enrichments Evidence-Based Psychotherapies for PTSD, Gambling Treatment Program, Palliative Care Team, Bariatric Surgery, Oncology/Hospice, Women Veterans PTSD Program, and Smoking Cessation Group.

BLIND REHABILITATION CENTER

The Cleveland Blind Rehabilitation Center (CBRC) is a 7-bed residential treatment center that provides blind rehabilitation skills training to Veterans from five neighboring states. The CBRC was recently added as one of 14 VA inpatient blind rehabilitation centers offering intensive training to Veterans with legal blindness or excess disability due to sight loss. Patients typically are 60 to 80 years old but range in age from the late 20's to mid-90's. Veterans who attend the full treatment program have five one-hour classes per week day and complete lessons in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills. Tenure will typically last from 4-6 weeks depending on the needs and abilities of the patient.

This enrichment offers experience in providing psychological services within a medical rehabilitation setting. The Psychologist assesses all new patients for psychosocial functioning, adjustment to disability, psychiatric status, and cognitive issues. Treatment plans are objectively data driven and are tailored to specific patient needs. Recommendations for adapting the rehabilitation program to adjust for patient limitations are offered. The Psychologist provides individual psychotherapy and psychoeducational groups to help with emotional adjustment to sight loss and facilitate rehabilitation gains. Family members are invited to participate in family education as well.

Interns will become familiar with common causes and presentations of visual impairment (e.g., Macular Degeneration, Retinitis Pigmentosa, Diabetic Retinopathy, Glaucoma, Cataracts, and Detached Retina due to trauma). The Intern will become knowledgeable about psychiatric conditions, medical conditions, and cognitive deficits which influence the patient's experience of vision impairment and can affect rehabilitation progress. The CBRC is an active medical rehabilitation setting that offers opportunity for

enrichment in application of training related to general mental health, geropsychology, health psychology, and neuropsychology.

COGNITIVE PROCESSING THERAPY

Dr. Kerry Renner is a Regional Trainer and Consultant for Cognitive Processing Therapy (CPT) and works in conjunction with the PTSD Clinical Team. For this enrichment, the intern will gain exposure to and training in CPT, an Evidence-Based approach to the treatment of PTSD. Training will be designed to start at the intern's experience level and advance their skills for conceptualizing patient functioning and intervening effectively through a CPT framework. The enrichment begins with participation in a 3-day regional CPT workshop near the start of the training year and requires the intern work with patients in individual (and if available) group CPT modalities. Case consultation with Dr. Renner is an essential component of this enrichment. If duties allow for all requirements to be completed, the intern can gain eligibility for VA provider status in CPT. Veterans and trauma history will be considered in assigning cases to the intern and include Vietnam and OEF/OIF/OND era Veterans as well as combat, MST, CSA, and other trauma history. There may be opportunity to participate in other evidence-based work for PTSD as part of this enrichment.

FAMILY and COUPLES COUNSELING SERVICES

The Family and Couples Counseling Services (FCCS) enrichment experience will allow interns to work with couples and families in an outpatient setting. Although it is important to note that least 90% of the cases treated within this program involve couples therapy. Interns will have the opportunity to gain experience in assessment and intervention of relationship-oriented problems including communication, infidelity, parenting stress, PTSD and other mental health conditions, medical comorbidities, and adjustment to life cycle and role changes. The primary intervention of focus will be Integrative Behavioral Couple Therapy (IBCT), an evidence-based treatment for couples. Interested interns can also work directly with the Intimate Partner Violence (IPV) assistance program coordinator and interdisciplinary team to provide services focusing on helping those who experience and/or use interpersonal violence. Additionally, we offer opportunities to participate in the Warrior 2 Soulmate (W2SM) couples' workshop, which is a relationship skills and education program offered by our Chaplain Services.

INTIMATE PARTNER VIOLENCE

The IPV enrichment offers the opportunity for experience in assessment, individual, and group psychotherapy with Veterans impacted by intimate partner violence. Trainees may gain experience with modalities focused on the experience and use of intimate partner violence including comprehensive assessment of IPV, provider consultation, and individual and group psychotherapy. The RISE protocol, for Veterans who are experiencing IPV, and Strength at Home, for Veterans who are using IPV, are both offered as training experiences. Specific enrichment goals include gaining experience with group psychotherapy, IPV assessment, consultation, intervention with intimate partner violence, IPV related program development, training, and outreach. Working with this population involves mindful awareness of personal reactions, interpersonal boundaries, and effective self-care. Maintaining an open dialogue regarding these issues will facilitate your effectiveness with this population, and this will also be explored during the enrichment.

MILITARY SEXUAL TRAUMA

The MST enrichment offers the opportunity for specialized experience in assessment, individual, and group psychotherapy with Veterans who have sexual trauma related sequelae. Trainees may participate in comprehensive assessment, group therapy, provider consultation, and services in the women's intensive outpatient program for those who have experienced interpersonal trauma. The women's program integrates mindfulness, ACT, DBT skills, Cognitive Processing Therapy, and other cognitive behavioral interventions. Trainees may have opportunity for supervision in Cognitive Processing Therapy and STAIR, or work on program development with the MST coordinator. Goals include gaining experience with group psychotherapy, intervention with trauma related sequelae, MST related program development, training, and outreach. A significant aspect of increasing your proficiency with this population involves a mindful awareness of countertransference, healthy boundary setting, and other aspects of self-care. An open dialogue about these issues will be critical to increasing your effectiveness with this population.

MOTIVATIONAL INTERVIEWING

Dr. Heather Chapman is an international trainer in Motivational Interviewing. Enrichment opportunities include intensive training in Motivational Interviewing or Motivational Enhancement Therapies. See further description of addictions rotations in the Clinical Psychology Emphasis Area. The enrichment experience can be completed within current rotations with the addition of 8 hours of classwork, a monthly group, and monthly individual supervision. Interns must have their current supervisor's consent to participate. While the goal is to increase competency in the utilization of MI, the experience can lead to VA Motivational Interviewing Certification.

STAFF QUALIFICATIONS

ARIAS, Matthew, Ph.D. West Virginia University, 2021. Assignments: Veterans Affairs Recovery Center (VARC) staff Psychologist, Intensive Outpatient Treatment team. Theoretical orientation: Cognitive Behavioral Therapy. Clinical specializations: Group and Individual Psychotherapy; Addictions Treatment; Motivational Interviewing; Cognitive-Behavioral Therapy; Acceptance and Commitment Therapy. Research Interests: Integration of technology into existing psychotherapy treatment; Examining ways to extend reach of treatment to underserved populations. Teaching and supervision interests: Individual and group psychotherapy focused on treatment of addiction utilizing cognitive-behavioral, mindfulness, and motivational approaches; Early career professional issues; psychometrics and statistics, integration of research into clinical practice.

ARONOFF, Julie Harmon, Ph.D., Wayne State University, 1992. Assignments: Chief, Psychology Service. Theoretical orientation: Cognitive-Behavioral. Clinical specializations: severe mental illness; psychosocial rehabilitation and recovery; psychological assessment for differential diagnosis, including projectives. Publications and research interests: program evaluation and outcomes monitoring. Professional organizations: Past President, State Board of Psychology of Ohio. Teaching and supervision interests: Psychological assessment; mental health recovery; professional ethics.

BALOLONG PUBLICO, Sheena, Ph.D., California School of Professional Psychology (CSPP-LA) at Alliant International University, 2021. Assignment: SCI/D Unit and Outpatient Polytrauma/Stroke Team. Clinical specializations: Rehabilitation Psychology. Publications: Supervision and training of trainees with disabilities, and mental health help-seeking behaviors among Filipinx Americans. Research Interests: Intersecting identities and multicultural consideration for mental health services, adjustment to disability, supervision of trainees with disability, SCI/D and disability, co-occurring SCI/D and TBI, and cognitive/neuropsychological assessment. Professional organizations: APA Divisions 19 (Military Psychology), 22 (Rehabilitation Psychology), and 40 (Clinical Neuropsychology). Teaching and supervision interests: Diversity, equity, and inclusion, supervision of trainees with disabilities, cognitive assessment and neurorehabilitation after TBI, professional development, work-life balance, and working with an interdisciplinary team.

BIGGIE, Brigitte M., Ph.D. The University of Akron, 2012. Assignments: Mental Health Ambulatory Care Center (MHACC, Team 2 Geropsychology), Staff Psychologist. Theoretical orientation: Integrative: CBT, IPT, MI, insight-oriented, values-based, and others. Clinical specializations: Individual psychotherapy, Evidence Based Practice for CBT I in the treatment of Insomnia (National Certification 2017), and CBT D in the treatment of Depression (National Certification 2018); group therapy, health psychology, and assessment. Publications: Lexical impact on expectations about and intentions to seek psychological services. Professional organizations: Ohio Psychological Association. Teaching and research interests: Individual, group psychotherapy, spirituality. Development and implementation of a Chronic Pain Shared Medical Appointment (SMA) at the Cleveland VAMC with a psychology resident colleague during post-doctoral residency with an emphasis on introductory chronic pain education and management (e.g., gate-control theory; impact of positive emotions/mood, active lifestyle, pacing) still used in Primary Care for veteran patients suffering with chronic pain.

BREGLIA, Daniel, Psy.D., Widener University, 2005. Assignment: Couples and Family Services Program at Wade Park. Theoretical Orientation: eclectic, cognitive-behavioral, experiential, and systems theory. Clinical Specialization: PTSD Treatment; CPT & PE certified therapist; Sexual trauma & compulsivity; family & couples therapy; forensic psychology; general biofeedback. Research interests: emotion theory; redefining clinical outcomes. Supervision interests: psychotherapy, case conceptualization, and therapeutic alliance.

CARL, Megan, Ph.D., University of Tennessee-Knoxville 2018. Assignments: MHACC Staff Psychologist; Theoretical Orientation: Integrative/Psychodynamic; Clinical Specializations: depression/anxiety, health psychology, chronic pain; Teaching and Supervision Interests: professional development, integrative psychotherapy, self-care and boundaries.

CHAPMAN, Heather A., Ph.D., Kent State University, 1997. Assignment: Deputy Director, Veterans Addiction Recovery Center; Director Gambling Treatment Program; Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Substance and Process Addictions. Theoretical Orientation: Eclectic: biopsychosocial/spiritual model, utilizing cognitive-behavioral, motivational interviewing, mindfulness interventions. Clinical specialization: Gambling Disorder, process and substance addictions, dual-diagnosis, group and individual psychotherapy, and motivational interviewing, clinical training and clinical research. Publications: Addictions, Dual-Diagnosis, Depression, and Schizophrenia. Current research interests: Gambling disorder, treatment retention, integrated treatment, suicidality. Professional Organizations: International Certified Gambling Counselor and Board Certified Clinical Consultant with the National Council on Problem Gambling, Member/Trainer Motivational Interviewing

Network of Trainers. Other professional activities outside VA: independent practice, national leader in professional training, consultation and supervision (gambling disorder, motivational interviewing and evidenced based addictions treatments, military and veteran culture). Teaching and supervision interests: Gambling disorder/Addictions, motivational interviewing, group dynamics, individual and group psychotherapy.

DAY-SUBA, Ellen, Ph.D., University of Detroit Mercy, 2021. Assignments: Geriatric Outpatient Clinic. Theoretical orientation: Psychodynamic, Cognitive-Behavioral, Integrative. Clinical specializations: health psychology, geropsychology, evaluation of decision-making capacity, neurocognitive disorder assessment and management, dementia education, caregiver support and interventions, grief/bereavement. Publications and research interests: telehealth usage in older adult patients, non-pharmacological interventions for dementia-related behaviors, caregiver burden, successful aging, end-of-life issues, interdisciplinary team collaboration. Professional organizations: American Psychological Association; Ohio Psychological Association. Teaching and supervision interests: diversity considerations in older adult population, cognitive assessment, grief/bereavement work, professional development, communication on interdisciplinary teams.

DIAZ, Rosalie C., Psy.D., Adler School of Professional Psychology, 2004. Assignments: Primary Care-Mental Health Integration in Women's Veterans Health Clinic; individual and group therapies (Chronic Pain SMA, iRest Yoga Nidra, LGBTQI Veterans Group, GIVE Support Group, Taking Charge of My Life!). Theoretical orientation: Integrative, Adlerian, Cognitive-Behavioral. Clinical specializations: Primary Care/Health Psychology; Chronic Pain; iRest Yoga Nidra and Mindfulness. Publications and research interests: Psychological factors in the assessment and treatment of chronic pain, use of Yoga, Meditation and QiGong interventions, and Women's mental health issues. Teaching and supervision interests: Individual and group psychotherapy, somatic experiencing and mind-body interventions. Dr. Diaz also serves as the Whole Health Program Director and as Member for the Psychology Service Diversity Committee.

DENDY, Anna, Ph.D. Penn State University, 2010. Assignment: Specialty Mental Health Outpatient Clinic, serves on the clinical team of the GIVE Clinic at Wade Park to serve transgender veterans, is Team Lead of the Wade Park-Parma DBT Team, and serves on the Cleveland Wade Park VA Diversity Committee. Clinical specializations: DBT, EMDR, and IPT-D. Clinical, research, and training interests include working with individuals with complex trauma integrating DBT and psychodynamic approaches, group therapy, and multicultural, feminist, and LGBTQ affirmative therapy. Professional organizations: APA, OPA, the Cleveland Psychoanalytic Center, AGPA, and EMDRIA.

DIXON, Beth Gardini, Psy.D., The Chicago School of Professional Psychology, 1994. Assignments: Hematology-Oncology, Palliative Care, and Hospice. Theoretical orientation: Cognitive-behavioral; Integrative; Existential. Clinical specializations: Health psychology; psycho-oncology; assessment and treatment of cancer-related conditions ranging from distress to major disorders; evidence-based interventions; coping with chronic disease and treatment effects; developmental life stage challenges; cancer survivorship; end-of-life care. Publication and research interests: Identifying predictors of healthy adaptation in cancer survivorship; measuring outcomes of psychosocial oncology services; clinical burn-out and resiliency. Professional Memberships: American Psychosocial Oncology Society; American Psychological Association, Division 12 Clinical Psychology, Division 38 Health Psychology. Teaching and supervision interests: Health Psychology; Psychotherapy; Interdisciplinary collaboration; Professional Development; Work-life balance.

DIXON, Thomas, Ph.D., ABPP. Case Western Reserve University, 1989. Board certification: Rehabilitation Psychology. Assignment: SCI Unit. Rehabilitation Psychology Residency Program Coordinator. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: spinal cord injury, traumatic brain injury. Research interests: community integration following disability, applied personality and social psychology. Professional organizations: Academy of Spinal Cord Injury Professionals, APA Division 22 (Rehabilitation Psychology), Teaching and supervision interests: adaptation to disability, working on interdisciplinary teams, co-occurring SCI/TBI, and vocational rehabilitation.

FACEMIRE, Vanessa, Ph.D., The University of Akron, 2018. Assignments: PTSD Clinical Team; PTSD/SUD Residential Treatment Program; PTSD Intensive Treatment Program. Theoretical orientation: Integrative, evidence-based. Clinical specializations: the assessment and treatment of trauma-related psychological issues, combat-related guilt and moral injury, treatment of comorbid PTSD/SUD. Publication/research interests: PTSD, evidence-based treatments, massed delivery of evidence-based therapies for treating PTSD, concurrent and integrated care for PTSD/SUD, PTSD in ethnic and racial minorities, PTSD and oppression. Professional Membership: International Society for Traumatic Stress Studies, American Psychological Association. Teaching and supervision interests: Assessment and treatment of PTSD and co-occurring disorders, individual and group psychotherapy, empirically based treatments for PTSD and PTSD/SUD.

FEDYNICH, Ashley, Psy.D., Wright State University, 2020. Assignments: PTSD Clinical Team: PTSD/SUD Residential Treatment Program; PTSD Intensive Treatment Program. Theoretical orientation: Cognitive-behavioral. Clinical specializations: the assessment and evidence-based treatment of PTSD/trauma, substance use disorders, treatment of trauma-related nightmares. Publication/research interests: PTSD, evidence-based treatments, co-morbidity of PTSD and sexual functioning, massed delivery of evidence-based therapies for treating PTSD. Professional Organizations: International Society for Traumatic Stress Studies, Association for Behavioral and Cognitive Therapies. Teaching and supervision interests: Assessment and treatment of PTSD and co-occurring disorders, evidence-based therapies (CPT, PE, WET, CBCT for PTSD, and CBT-N), individual and group psychotherapy.

FLORES, Heather, Psy.D., La Salle University, 2007. Assignments: Assistant Chief of Psychology for PTSD and Specialty Mental Health; PCT Program Manager. Theoretical orientation: Cognitive behavioral. Clinical specialization: Assessment and treatment of PTSD/trauma, combat-related guilt and moral injury, substance use disorders, and violence risk assessment. Publication/research interests: PTSD, evidence-based treatments, massed delivery of EBP's for treating PTSD, suicidology, resiliency, clinical program development, and program evaluation. Professional membership: International Society for Traumatic Stress Studies. Training/supervision interests: Individual and group psychotherapy, treatment of PTSD and co-occurring disorders, professional development issues, umbrella supervision.

GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Assistant Chief of Psychology for Specialty Behavioral Medicine Section; Health Psychologist on Consult-Liaison Psychiatry Team; Chair of the Resiliency and Empowerment Coalition for At-risk Patients (RECAP). Theoretical orientation: Cognitive Behavioral. Clinical specializations: Assessment and treatment of psychological conditions in older adults; behavioral medicine; clinical supervision; capacity evaluations. Publications and research interests: Geriatric driving evaluations, dementia and sleep apnea, pharmacological intervention for dementia. Professional organizations: American Psychological Association; National

Register of Health Service Psychologists; Association of VA Psychologist Leaders, Psychologists of Color and Allies and Women in Leadership Special Interest Groups. Teaching and supervision interests: Capacity evaluation, group/umbrella supervision, psychologists as leaders

GRAF, Lauren F. Psy.D., Xavier University, 2021. Assignments: Primary Care Mental Health Integration (PCMHI). Theoretical Orientation: Humanistic, ACT, interpersonal. Clinical specializations: primary care mental health, psychotherapy with older adults, cognitive assessment. Professional organizations: Ohio Psychological Association, Cleveland Psychological Association, Gerontological Society of America, American Psychological Association. Research and clinical interests: impact of burnout on healthcare workers; interventions for healthcare worker burnout; impact of memory stereotype threat on cognitive performance in older adults. Teaching and supervision interests: professional development, PCMHI, psychotherapy and assessment of older adults

GOLDEN, Catherine, Ph.D., Ohio University, 2009. Manager Peer Support Services; Local Recovery Coordinator. Theoretical Orientation: Cognitive Behavioral. Clinical Specializations: Severe mental illness and cooccurring substance disorders (Dual-disorder treatment); Psychosocial rehabilitation and recovery. Publications and research interests: Self-perception in people with mental illness; stigma and self-stigma regarding mental illness; Program evaluation. Professional organizations: American Psychological Association; Ohio Psychological Association; Division 31 (State, Provincial and Territorial Psychological Association Affairs). Teaching and supervision interests: Differential diagnosis and treatment of severe mental illness and dual disorders; Recovery oriented systems based treatment; Mental health advocacy.

GRABER, Joseph Ph.D., Fairleigh Dickinson University, 2016. Assignments: Primary Care Mental Health Integration (PCMHI). Theoretical orientation: ACT, CBT, motivational interviewing, evidence based psychotherapy. Clinical specializations: Primary care mental health, health psychology w/ emphasis on chronic disease management, sleep, smoking cessation, brief individual and group therapy, bariatric surgery evaluations. Publications and research interests: Effectiveness of brief interventions in PC-MHI, psychological factors relevant to diabetes self-management, focused acceptance and commitment therapy, and quality improvement within PCMHI. Professional organizations: Ohio Psychological Association, American Psychological Association, Association for Behavioral and Cognitive Therapies. Teaching and supervision interests: focused assessment and solution focused therapy, professional development, motivational interviewing.

HABERMAN, Jessica, Ph.D., Cleveland State University, 2013. Assignments: Geriatrics Outpatient Clinic, Consultation-Liaison Psychiatry. Theoretical orientation: Primarily Cognitive-Behavioral and Humanistic. Clinical specializations: Health psychology, assessment and treatment of psychological and neurocognitive disorders in older adults, capacity evaluations, caregiver support, grief and bereavement. Publications and research interests: Non-pharmacologic interventions for dementia, effective management of chronic illness, resiliency in late life, religiosity and successful aging, positive psychology. Professional organizations: American Psychological Association, Divisions 17, 20, 38; Ohio Psychological Association. Teaching and supervision interests: Geropsychology, grief and bereavement work, behavioral medicine.

HARVEY, Daniel J., Ph.D., ABPP-CN. Nova Southeastern University, 2007. Assignments: Neuropsychology Section; Neuropsychology Representative to the Internship/Pre-Doctoral Training Subcommittee. Theoretical orientation: Disease impact/syndrome-oriented approach employing fixed/flexible assessment strategies. Clinical specialization: Neuropsychological assessment of neurological disorders,

geriatric/capacity assessment, polytrauma assessment. Research interests: Neuropsychology of mild traumatic brain injury and sports concussion, neurodegenerative disorders, HIV-related neurocognitive impairment, and normal aging; neurobehavioral basis of PTSD; performance validity testing. Professional Organizations: American Academy of Clinical Neuropsychology – Full Member. Teaching and supervision interests: Neuropsychological assessment, research supervision, neuropathology and functional neuroanatomy, statistical issues in assessment, cognitive screening in the hospital setting, psychological assessment.

HOAG, Megan, Psy.D., MSCP, Indiana University of Pennsylvania, 2012. Assignments: VARC Women's Treatment Program, Team Leader. Theoretical Orientation: Cognitive behavioral. Clinical Specializations: Substance use treatment, women's specific mental health treatment, health psychology, clinical psychopharmacology. Publications and Research Interests: Body image and disordered eating, women's substance use treatment considerations, law enforcement selection. Professional organizations: American Psychological Association, Division 35 (Psychology of Women), Ohio Psychological Association. Teaching and supervision interests: Group dynamics and psychotherapy, motivation, substance use treatment for women, psychopharmacology.

Keane, Jennifer, Psy.D. Indiana State University, 2021. Assignments: Acute Psychiatric Inpatient Unit (CT6) and Compensation and Pension (C&P) examinations. Theoretical Orientation: Interpersonal, Cognitive Behavioral, and Humanistic. Clinical Specializations: Assessment including psychodiagnostic clarification for individuals with SMI, objective personality testing, projective/performance-based measures, cognitive testing, C&P examinations, and capacity evaluations. Individual and group therapeutic interventions for individuals with SMI. Research and Clinical Interests: Assessment and diagnosis of schizophrenia spectrum disorders, the utility of personality assessment in practice, identifying endophenotypic factors of psychosis (schizotypy), and the impact of diversity factors on psychiatric care. Teaching and Supervision Interests: Assessment with SMI population using multimethod evaluations, therapeutic interventions with those with SMI, recovery-oriented care, and diversity considerations related to mental health treatment and assessment.

KERN, Sara, Ph.D., University of Missouri-St. Louis, 2019. Assignment: PTSD Clinical Team. Theoretical orientation: Cognitive behavioral. Clinical specializations: group and individual psychotherapy, Cognitive Processing Therapy for PTSD (CPT), Prolonged Exposure Therapy for PTSD (PE), assessment of PTSD/trauma-related disorders, military sexual trauma (MST), intimate partner violence (IPV), women's mental health, interpersonal trauma. Publications and research interests: spectrum of coerced sexual experiences and differential outcomes. Professional organizations: International Society for Traumatic Stress Studies (ISTSS). Training/supervision interests: assessment of and evidence-based treatment for PTSD and trauma-related disorders, group psychotherapy, transdiagnostic treatment for MST, early career professional development.

KOZLOWSKI, Neal, Ph.D., Loyola University Chicago, 2003. Assignments: Director of the Psychosocial Rehabilitation and Recovery Center (PRRC); National Training Consultant for the VA's Cognitive Behavioral Therapy for Depression Evidence Based Practice Training Program. Theoretical orientation: Cognitive-behavioral, experiential. Clinical specialization: Assessment and psychosocial treatments for Schizophrenia and other serious mental illnesses, treatment of co-occurring substance use disorders/addiction. Publication and research interests: Management of confidentiality and HIV serostatus in psychotherapy, ethical issues in the training of psychology graduate students. Teaching and supervision

interests: CBT case conceptualization, dual diagnosis treatment, social-cognitive rehabilitation of schizophrenia, criminal justice involvement of people with serious mental illness.

KUEMMEL, Angela, Ph.D., ABPP, Nova Southeastern University, 2009. Diplomate – Rehabilitation Psychology (ABPP). Assignment: SCI Unit; Director of Predoctoral Psychology Training; Chair, Diversity Committee. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology. Publications: Training and supervision of students with disabilities, social justice, and sexuality and disability. Research interests: Supervision of students with disabilities, disability and sexuality, adjustment to disability, and chronic pain management in patients with SCI. Professional Organizations: APA, Divisions 17, 18, 22 and 46; Academy of Spinal Cord Injury Professionals. Leadership Roles: APPIC Diversity Equity and Inclusion Committee Chair; Division 22 (Rehabilitation Psychology) APA Council Rep. Teaching and supervision interests: Supervision of students with disabilities

LAMOUREUX, Brittain, Ph.D., Kent State University, 2011. Assignments: PTSD Clinical Team; PTSD/SUD Coordinator; Major Preceptor, Psychology Residency in Trauma/PTSD. Theoretical orientation: Integrative, evidence based. Clinical specializations: the assessment and treatment of trauma-related psychological issues. Publications and research interests: developing and evaluating evidence-based interventions for addressing trauma-related issues; concurrent and integrated care for PTSD/SUD; the impact of childhood trauma on functioning in adulthood, resilience, assessment of depression/suicide in primary care settings. Professional organizations: International Society for Traumatic Stress Studies, American Psychological Association. Teaching and supervision interests: Assessment and treatment of PTSD and co-occurring disorders, individual and group psychotherapy.

LEA, Erin, Ph.D., Case Western Reserve University, 2013. Assignments: Clinical Health Psychologist for HIV PACT and HCV Clinics; Rotation Supervisor for HCV/HIV; Member of Bioethics Committee. Theoretical orientation: ACT, Behavioral and Interpersonal. Clinical specializations: Behavioral Medicine, harm reduction, psychological assessment, capacity evaluations, chronic pain management, brief interventions for SUD, smoking cessation and geropsychology. Current research and grants: Identifying cognitive impairment in HIV-positive population, developing novel interventions to manage complex medical and psychosocial factors, predictive utility of assessments, & harm reduction. Teaching and supervision interests: Integration of behavioral medicine in interdisciplinary teams; Teaches Adult Cognitive Assessment at the graduate level and Adulthood & Aging for undergraduates at Case Western Reserve University.

MARTINCIN, Kelly, Ph.D. Cleveland State University, 2016. Assignment: Primary Care Mental Health Integration, Parma Clinic. Theoretical Orientation: Cognitive-behavioral, Integrative. Clinical Specializations: Chronic pain management, neurocognitive disorders assessment and management including capacity evaluations, older adults and aging related concerns, health promotion and disease prevention, tobacco cessation, sleep related concerns, brief therapy, and chronic disease management. Professional Organizations: Ohio Psychological Association, American Psychological Association, Association of VA Psychologist Leaders. Research Interests/recent professional presentations: Chronic pain management, identification and treatment of therapeutic opioid addiction, older adult interests, and promotion of public sector psychology.

MIDY, Tarah, Ph.D., State University of New York – Binghamton, 2018. Assignments: Family Services; Local Recovery Coordinator and member of Psychology Service Diversity Committee. Theoretical Orientation: Cognitive-Behavioral/Integrative. Clinical Specializations: assessment and treatment of couples/relationship issues, Integrative Behavioral Couple Therapy (IBCT), recovery-oriented care,

diversity and multicultural issues. Publication/research interests: interracial couples, changes in marriage and family functioning, treatment engagement. Training/supervision interests: couples therapy, assessment, professional development issues, diversity and multicultural issues

NOCE, Maria, Psy.D., ABPP Wright State University, 2008. Diplomate - Clinical Psychology (ABPP). Assignment: Community Outpatient Services, National/Regional Trainer and Consultant for Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET). Theoretical orientation: Cognitive-Behavioral, Humanistic, and MI. Clinical specializations and interests: Individual and group psychotherapy, PTSD, co-occurring PTSD and substance use disorder, provider of Cognitive Processing Therapy, Prolonged Exposure, MI and MET, measuring treatment outcomes, and common factors in psychotherapy. Professional organizations: APA, Division 56 (Trauma Psychology), Motivational Interviewing Network of Trainers (MINT). Teaching and supervision interests: Individual and group psychotherapy, motivational interviewing.

PAINTER, Elizabeth, Psy.D., MSCP, Xavier University, 2011. Assignments: Pain IOP. Theoretical orientation: Integrative; cognitive-behavioral. Clinical specializations: Health psychology with an emphasis on the role of psychological factors in inpatient cardiac care, interdisciplinary approaches to treatment, as well as the impact of psychosocial issues on organ transplant outcomes. Publications and research interests: Developing curriculum for interdisciplinary primary care trainees, primary care-mental health integration, adherence, and quality improvement in processes of medical care. Professional organizations: American Psychological Association, Ohio Psychological Association, Society of Behavioral Medicine. Teaching and supervision interests: Behavioral medicine education and supervision, chronic care model, adherence, and interdisciplinary training.

PATTISON, Michelle, Psy. D, University of Indianapolis, 2020. Assignments: Mental Health Ambulatory Care Clinic (MHACC), Early Psychosis Intervention Coordination (EPIC). Theoretical orientations: Psychodynamic, interpersonal, cognitive-behavioral. Clinical specializations: Psychosis (including first episode psychosis and clinical high risk for psychosis), SMI, dual-diagnosis, recovery-oriented care, individual and group psychotherapy, personality assessment. Research publications: Perceptions of stigma and discrimination among individuals experiencing a first-episode of psychosis; Emergence of psychological problems and insight: A qualitative analysis in a single case study with a patient with early psychosis; Supervision in the psychotherapy of schizophrenia: Awareness of and mutual reflection upon fragmentation; Understanding the course of self-disorders and alterations in self-experience in schizophrenia; Promoting recovery from severe mental illness; Insight in schizophrenia spectrum disorders. Teaching and Supervision interests: Recovery-oriented care, SMI, professional development.

PEREZ, Sara, Ph.D., Kent State University, 2008. Assignment: PTSD Clinical Team; Military Sexual Trauma Coordinator. Theoretical orientation: Cognitive-behavioral, integrative. Clinical specialization: Individual and group psychotherapy, assessment, women's mental health, trauma. Intensive training and experience in Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-P). Publications/Presentations: PTSD and intimate partner violence, cognitive behaviorally based treatments for PTSD secondary to intimate partner violence, and empowerment as a resiliency factor in the face of traumatic events. Teaching and supervision interests: Empirically based treatments for PTSD, DBT, individual and couples therapy.

PIERCE, Jenna, Psy.D, University of Indianapolis, 2014. Assignments: Primary Care Mental Health Integration (PCMHI), Eating Disorder Consultation Team. Theoretical orientations: ACT, interpersonal,

behavioral. Clinical specializations: primary care mental health, health psychology with emphasis on chronic disease management, sleep, eating disorder evaluations, and CBT for binge eating disorder. Professional organizations: American Psychological Association; American Board of Professional Psychology in Health Psychology. Research and clinical interests: PCMH quality improvement & implementation; focused assessment and focused ACT based psychotherapy; harm reduction interventions in PCMH; psychological factors in non-adherence concerns and collaborative care. Teaching and supervision interests: professional development, PCMH, motivational interviewing.

PRZYBYSZ, Jeff, Psy.D. Immaculata University, 2014. Assignments: Community Living Center, Mental Health Ambulatory Care Clinic- Geriatrics, Rotation Supervisor for CLC, team lead for CLC area-based bioethics committee, and VISN 10 geriatric mental health champion. Theoretical Orientation: Integrative with emphasis on cognitive-behavioral and humanistic orientations. Clinical Specializations: Geropsychology, long term care psychology, CBT-I, evaluation of decision-making capacity, individual and group psychotherapy with geriatric population, caregiver burden along with assessment and interventions, dementia education, cognitive assessment, personality assessment, and behavior management interventions for individuals with neurocognitive disorders. Publications and research interests: Older LGBT population, aging and subjective-wellbeing, assessment of caregiver burden. Professional Organizations: Psychologists in Long Term Care. Teaching and supervision interests: individual psychotherapy, cognitive and personality assessment, behavior management including STAR-VA interventions.

PURDUM, Michael, Ph.D., ABPP, University of North Texas, 2010. Assistant Chief, Psychology Service, Section Chief, Primary Care Mental Health Integration (PCMH). Theoretical orientation: CBT, brief problem-focused psychotherapy, health behavior change. Clinical specializations: Health psychology, primary care mental health, chronic disease management & health promotion, motivational interviewing, smoking cessation. Publications and research interests: Psychological factors that complicate chronic disease management, psychological factors that promote chronic disease self-management, PCMH quality improvement & implementation, smoking cessation outcomes. Professional organizations: American Psychological Association; American Board of Professional Psychology in Health Psychology. Teaching and supervision interests: Motivational interviewing, behavioral therapies for chronic disease, supervising trainees on developing fundamental competencies (collaboration & MH integration) to succeed as a health care provider in primary care.

RENNER, Kerry, Ph.D. Northern Illinois University, 2008. Assignments: Homeless & Mental Health Residential Rehabilitation Treatment Center (HMHRRTC) – Clinical Program Coordinator; Evidence-Based Psychotherapy (EBP) Coordinator; Co-Lead – VISN 10 EBP Community of Practice for VISN10 MH ICC; Regional Cognitive Processing Therapy (CPT) Trainer/Consultant; PTSD Clinical Team (Adjunct). Theoretical orientation: Cognitive-Behavioral and Interpersonal. Clinical Specialization: Assessment and treatment of PTSD/Trauma, Prolonged Grief Disorder, and Anxiety disorders; Evidence-based practice and shared decision-making including utilization of structured empirically supported treatments such as CPT, PE, DBT, Prolonged Grief Therapy, PST, and PCT; Trauma-informed approaches for homeless Veteran recovery and community reintegration. Publication/Research Interests: Effective treatments for PTSD, integrated treatments for PTSD/SUD, patient satisfaction & program development, trauma informed care for homeless veterans, persistent guilt and moral injury. Professional Membership: American Psychological Association, International Society for Traumatic Stress Studies. Training/Supervision Interests: Individual and group psychotherapy, evidence-based treatments for PTSD (CPT/PE), diagnostic and psychosocial assessment, trauma informed approaches to non-trauma

interventions, program redesign and evaluation, implementation of measurement-based care, professional development and growth in multidisciplinary settings.

RIDLEY, Josephine, Ph.D., Clinical Psychology, West Virginia University, 1997. Assignments: Assistant Chief of Psychology Service/Supervisory Psychologist and Program Manager for the Residential and WP Intensive Outpatient Psychology Section; Associate Professor, Dept. of Psychological Sciences, Case Western Reserve University; Co-Chair VANEOS IRB; Co-Chair Diversity, Equity & Inclusion Advisory Board for the Executive Leadership Team (ELT); Founding Past Chair, Psychology Service Diversity Committee; Program Director, Clinical Psychology Postdoctoral Residency; Preceptor, Psychosocial Rehabilitation for the Seriously Mentally Ill Residency; Measurement Based Care Champion; Suicide Risk ID Co-Champion, Mental Health Suite Champion. Theoretical Orientation: Cognitive-Behavioral; Behavioral; Integrative. Clinical Specialization: Cultural Competence, individual and group therapy with seriously mentally ill; CBT for Psychosis. External Professional Roles: Co-Editor for the British Journal of Guidance & Counselling; Consulting Editor for Psychological Sciences; Master Trainer for the Zero Suicide Institute's Assessment and Management of Suicide Risk (AMSR) Workshop. Publications and Research Interest: Depression, Suicide, Anxiety Disorders, PTSD. Professional Organizations: Association of Black Psychologists (ABPsi); American Psychological Association (APA); Ohio Psychological Association (OPA); Association of VA Psychologist Leaders (AVAPL). Teaching & Supervision Interests: Diversity and Inclusion; Differential Diagnosis/Psychological Assessment; Assessment & Management of Suicide Risk; Cognitive-Behavioral Therapy (CBT); CBT for Psychosis; Individual and Group Psychotherapy.

ROSS, Amanda, Psy.D., American School of Professional Psychology, Southern California, 2017. Assignments: Program Manager, Mental Health Residential Rehabilitation Treatment Program (MHR RTP), Clinical Coordinator for Severe Mental Illness Specialty and POC for the VA Northeast Ohio Early Psychosis Intervention Coordination (EPIC) Team. Previous assignment in Veterans Addiction Recovery Center (VARC). Theoretical orientation: Integrative, with foundations in Humanistic and Psychodynamic theory. Clinical specializations: Severe mental illnesses, LGBT+, suicide prevention, substance use disorders and process addictions, and HIV+ populations. Psychological assessment, including testing for diagnostic differential decisions, projective personality assessment, learning disability assessment for ADA accommodations, public safety evaluations, and violence and sexual recidivism risk assessments. Publications and research interests: The utility of addressing unmet core emotional needs for dual disorders; suicidality in dual disordered population; impacts of opioid epidemic. Professional organizations: American Psychological Association Division 12 and Section 10, the Ohio Psychological Association, OPA Leadership Development Academy, Federal and State advocacy efforts through OPA. Teaching, supervision, and mentoring interests: Women in psychology; early career psychologists; the importance of psychological assessment and evaluation; patient-centered, relationship-based treatment; Yalom group therapy; advocacy and involvement in community organizations; program leadership skills.

ROUSH, Laura E., Ph.D., ABPP, University of Cincinnati, 2008. Board Certified in Clinical Health Psychology. Assignments: Polytrauma, Neurology; Psychology Residencies Director of Training; Program Coordinator, Clinical Health Psychology Postdoctoral Residency Program; health psychologist, Cleveland VA SCAN-ECHO Diabetes team; member, Diabetes Advisory Board. Theoretical Orientation: Cognitive-behavioral. Clinical specializations: Health psychology with emphasis in headaches, mTBI, pain management, stress management, relaxation training, promotion of healthy behaviors, coping with chronic medical conditions, individual therapy, treatment of psychological factors affecting physical health, and biofeedback. Publications and research interests: Psychological factors in the assessment

and treatment of chronic pain, non-pharmacologic headache treatments, interdisciplinary treatment or training delivery formats including shared medical appointments and SCAN-ECHO. Professional organizations: American Psychological Association, APA Division 38. Teaching and supervision interests: Health psychology, individual psychotherapy, biofeedback, working with a multidisciplinary team, work-life balance.

SAMSON, Kristal, Psy.D., The Chicago School of Professional Psychology, 2019. Assignments: Dementia Care Coordination Team, Geriatrics Outpatient Clinic. Theoretical Orientation: Psychodynamic, Cognitive Behavioral, Motivational Interviewing. Clinical specializations: Health Psychology, Geropsychology, assessment and treatment of psychological and neurocognitive disorders in geriatric population, capacity evaluations, dementia education, behavioral interventions for management of dementia-related behaviors, caregiver support. Publications and research interests: tele-dementia care, non-pharmacologic interventions for dementia-related behaviors, frailty and cognitive decline in patients undergoing androgen deprivation therapy for prostate cancer, caregiver education. Professional organizations: American Psychological Association, APA divisions 38 and 20; Asian American Psychological Association. Teaching and supervision interests: behavioral medicine, professional development, work-life balance, geropsychology, dementia.

SCHAECHER-PECEK, Megan, Psy.D. Argosy University, 2015. Post-Doctoral training at OhioGuidestone and Psychology Consultants, Inc. Assignments: MHACC Staff Psychologist VISN-10; Theoretical orientation: Cognitive Behavioral Therapy. Clinical Specializations: PTSD; Complex Trauma; Dialectical Behavioral Therapy; Acceptance Commitment Therapy; Group Psychotherapy. Publications and Research Interests: Psychotherapy; Complex Trauma. Professional Organization: American Psychological Association, Teaching and Supervision Interests: CBT, DBT, ACT-D.

SEYALA, Nazar, Ph.D., Ball State University, 2011. Assignments: Community Living Center, Mental Health Ambulatory Care Clinic – Geriatrics. Theoretical Orientation – cognitive-behavioral. Clinical specializations – Geropsychology, long-term care, cognitive assessment, medical rehabilitation, behavior management, assessment of decision-making capacity, staff intervention, motivational interviewing, STAR-VA. Publications and research interests: order adults mental health utilization, nonpharmacologic behavior management, capacity assessment, caregiver support. Teaching and supervision interests: Geropsychology, STAR-VA and other behavioral interventions, motivational interviewing, professional development.

SERNA, George S., Ph.D., University of Akron, 2004. Assignment: Neuropsychology. Program Director of the Neuropsychology Post-Doctoral Residency Program. Neuropsychological orientation: Disease Impact/Syndrome Oriented approach. Clinical Specialization: Neuropsychological assessment, geriatric/competency assessment, and Assessment of TBI. Research interests: Biological versus socially influenced structure of personality, TBI and PTSD in OEF/OIF veterans exposed to blast wave injuries. Professional Organizations: American Psychological Association (Division 6 – Behavior Neuroscience and Comparative Psychology & Division 40 - Clinical Neuropsychology), International Neuropsychological Society, National Academy of Neuropsychology. Academic Appointment: Clinical Instructor in Psychiatry, Case Western Reserve University School of Medicine. Teaching and supervision interests: Cognitive/neuropsychological assessment with geriatric patients with comorbid psychiatric illness and/or dementia.

SHARKANSKY, Erica J., Ph.D., Indiana University, 1995. Assignments: Employee Assistance Program, PTSD Clinical Team. Theoretical orientation: Cognitive-behavioral and interpersonal. Clinical specializations: Individual and group psychotherapy, assessment, trauma. Intensive training and experience in Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Publications/Presentations: Impact of mental illness on healthcare utilization, identification and management of sexual-trauma related disorders in the primary care setting, impact of coping on development of PTSD, PTSD and substance use comorbidity. Teaching and supervision interests: PTSD.

SILVER, Kristin E., Ph.D., H.S.P., University of Akron, 2020. Assignments: Associate Program Director of Behavioral Health for the Center of Outpatient Education (COE) training program; lead psychologist, Behavioral Sleep Medicine; core member, Renal Transplant team. Theoretical orientations: systems, cognitive-behavioral, and intersectional feminist approaches. Clinical specializations: behavioral sleep medicine; pre-surgical psychological assessments; women's health, particularly sexual and perinatal health; trauma/PTSD. Publications and research interests: Dr. Silver is a dedicated scientist, as evidenced by 50 peer-reviewed publications and conference presentations. She has been awarded two nationally competitive, federally funded research fellowships (e.g., Fulbright, Department of Justice). Training background: She completed her residency and fellowship training at Durham VA Medical Center, affiliated with Duke University's Departments of Neurology and Psychiatry. Teaching and supervision interests: education of interdisciplinary learners on the integration of mental health into primary care settings, clinical health psychology, behavioral treatments, pre-surgical psychological assessments, and patient advocacy. Dr. Silver is committed to facilitating the culturally responsive, compassionate training of healthcare professionals. Professional organizations: Ohio Psychological Association; American Psychological Association; The National Register of Health Service Psychologists.

WHITE, Joshua, Psy.D. Indiana State University, 2009. Assignments: Team Leader - Veterans Addictions Recovery Center (VARC) - Men's Residential Treatment Program. Theoretical orientation: Cognitive-Behavioral/Integrative. Clinical specializations: Psychological Assessment; Group and Individual Psychotherapy; Addictions Treatment; VA certified provider of Motivational Enhancement Therapy (MET), consultant for local Motivational Interviewing/Enhancement Training. Publications and research interests: Addiction assessment/treatment, forensic psychology, motivational interviewing, Transtheoretical Model of Change. Teaching and supervision interests: Individual and group psychotherapy focused on treatment of addiction utilizing cognitive-behavioral, mindfulness, and motivational approaches; Early career professional issues; Screening, Brief Intervention, and Referral to Treatment (SBIRT).

YAHNEY, Eric Ph.D., University of Akron, 1999. Assignment: Parma Veterans Addiction Recovery Center. Theoretical Orientation: Cognitive Behavioral Theory, Existentialism, Strategic & Social Learning Theory. Clinical specialization: individual and group therapy, assessment, general addictions treatment and suicide prevention. External to the VA interests: vocational counseling, professional consultation and community outreach programming. Research and Publications: Instructional models of teaching and communication, suicide prevention for individuals with substance use disorders and initiating organizational change. Teaching and special interests: individual psychotherapy, brief & solution-focused therapy, addiction treatment.

YOUNG, Graham D., Ph.D., University of Akron, 2003. Assignment: Veterans Addiction Recovery Center (VARC) Intensive Outpatient Program (IOP). Member of the Psychological First Aid (PFA) Team. Past

member of the Police Officer Evaluation Board. Past member of the Psychology Professional Standards Board. Theoretical orientation: contemporary psychodynamic, motivational/humanistic, behavioral. Clinical specialization: psychological assessment (differential diagnosis, civil forensic evaluations, vocational assessment) and individual psychotherapy. Certified in the Clinical Practice of Cognitive Therapy from The Cleveland Center for Cognitive Therapy (2008). Trained in Motivational Enhancement Therapy (MET) (2015). Research and publications: Transtheoretical Model of Change, help-seeking behavior, vocational behavior, employability assessment. Teaching/Professional interests: professional issues (e.g., the empirically-supported treatment movement/controversy; the scientific status of psychology in general and psychological intervention in particular), individual psychotherapy, personality theory/research (the impact of personality on problems of everyday living and the expression of psychopathology; implications of personality for differential diagnosis and treatment), psychological assessment and psychopathology. Professional activities: private practice.

